```
STEM:OS  - DIALOG OneSearch
  File   5:Biosis Previews(R) 1969-2006/Oct W2
         (c) 2006 The Thomson Corporation
  File   6:NTIS 1964-2006/Oct W1
         (c) 2006 NTIS, Intl Cpyrght All Rights Res
  File   8:Ei Compendex(R) 1970-2006/Oct W1
         (c) 2006 Elsevier Eng.  Info. Inc.
  File  24:CSA Life Sciences Abstracts 1966-2006/Aug
         (c) 2006 CSA.
  File  34:SciSearch(R) Cited Ref Sci 1990-2006/Oct W1
         (c) 2006 The Thomson Corp
  File  45:EMCare 2006/Oct W2
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  File  65:Inside Conferences 1993-2006/Oct 13
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  File  71:ELSEVIER BIOBASE 1994-2006/Oct W2
         (c) 2006 Elsevier B.V.
  File  73:EMBASE 1974-2006/Oct 13
         (c) 2006 Elsevier B.V.
  File  94:JICST-EPlus 1985-2006/Jul W1
         (c)2006 Japan Science and Tech Corp(JST)
  File  98:General Sci Abs 1984-2006/Oct
         (c) 2006 The HW Wilson Co.
  File  99:Wilson Appl. Sci & Tech Abs 1983-2006/Jul
         (c) 2006 The HW Wilson Co.
  File 135:NewsRx Weekly Reports 1995-2006/Oct W2
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         (c) 2006 CSA.
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         (c) 2006 The HW Wilson Co
  File 144:Pascal 1973-2006/Sep W3
         (c) 2006 INIST/CNRS
  File 155:MEDLINE(R) 1950-2006/Oct 11
         (c) format only 2006 Dialog
  File 172:EMBASE Alert 2006/Oct 13
         (c) 2006 Elsevier B.V.
  File 266:FEDRIP 2006/Aug
        Comp & dist by NTIS, Intl Copyright All Rights Res
  File 315:ChemEng & Biotec Abs 1970-2006/Aug
         (c) 2006 DECHEMA
  File 357:Derwent Biotech Res. _1982-2006/Oct W3
         (c) 2006 The Thomson Corp.
  File 358:Current BioTech Abs 1983-2006/Jan
         (c) 2006 DECHEMA
  File 369:New Scientist 1994-2006/Aug W3
         (c) 2006 Reed Business Information Ltd.
  File 370:Science 1996-1999/Jul W3
         (c) 1999 AAAS
*File 370: This file is closed (no updates). Use File 47 for more current
information.
  File 399:CA SEARCH(R) 1967-2006/UD=14516
         (c) 2006 American Chemical Society
*File 399: Use is subject to the terms of your user/customer agreement.
IPCR/8 classification codes now searchable as IC=. See HELP NEWSIPCR.
  File 434:SciSearch(R) Cited Ref Sci 1974-1989/Dec
         (c) 2006 The Thomson Corp

      Set  Items  Description
      ---  -----  -----------
? s rhinosinusitis or mucositis; s fungal or fungus; s candida or alternaria or
aspergilus or cladisporium ; s pbmc or blood or t (w) cell? or eosinophil or
leukocyte or wbc or white (w) blood (w) cell; s mucus or mucin?; s supernatant or
```

```
extract or culture; s inhibit? or reduc? or decrease; s degranulat?; s fungus (w)
attack
            7721  RHINOSINUSITIS
           19778  MUCOSITIS
      S1   27493  RHINOSINUSITIS OR MUCOSITIS
          822532  FUNGAL
          411608  FUNGUS
      S2 1139396  FUNGAL OR FUNGUS
          256104  CANDIDA
           31840  ALTERNARIA
             325  ASPERGILUS
               4  CLADISPORIUM
      S3  287023  CANDIDA OR ALTERNARIA OR ASPERGILUS OR CLADISPORIUM
>>>File 5 processing for CELL? stopped at CELLUTAB
Processing
Processing
Processing
Processing
Processed  10 of  26 files ...
Processing
Processing
Processing
Processed  20 of  26 files ...
Processing
Completed processing all files
           63051  PBMC
         9999802  BLOOD
         8335692  T
        20994165  CELL?
         1365378  T(W)CELL?
           95908  EOSINOPHIL
          529207  LEUKOCYTE
           35529  WBC
         1033525  WHITE
         9999802  BLOOD
        15583908  CELL
           46394  WHITE(W)BLOOD(W)CELL
      S411224791  PBMC OR BLOOD OR T (W) CELL? OR EOSINOPHIL OR LEUKOCYTE
                  OR WBC OR WHITE (W) BLOOD (W) CELL
           93148  MUCUS
          118229  MUCIN?
      S5  200356  MUCUS OR MUCIN?
          143810  SUPERNATANT
          637638  EXTRACT
         3069582  CULTURE
      S6 3726428  SUPERNATANT OR EXTRACT OR CULTURE
Processing
Processing
Processed  10 of  26 files ...
Processing
Processed  20 of  26 files ...
Completed processing all files
         7916991  INHIBIT?
         9826623  REDUC?
         2684657  DECREASE
      S717787115  INHIBIT? OR REDUC? OR DECREASE
      S8   47860  DEGRANULAT?
          411608  FUNGUS
          330376  ATTACK
      S9     592  FUNGUS (W) ATTACK
? s reduc? or inhibit? or decrease; s patient
Processing
Processing
```

```
Processed  10 of  26 files ...
Processing
Processed  20 of  26 files ...
Completed processing all files
         9826623  REDUC?
         7916991  INHIBIT?
         2684657  DECREASE
     S1017787115  REDUC? OR INHIBIT? OR DECREASE
     S11 5982296  PATIENT
?
? ds

Set     Items   Description
S1      27493   RHINOSINUSITIS OR MUCOSITIS
S2    1139396   FUNGAL OR FUNGUS
S3     287023   CANDIDA OR ALTERNARIA OR ASPERGILUS OR CLADISPORIUM
S4   11224791   PBMC OR BLOOD OR T (W) CELL? OR EOSINOPHIL OR LEUKOCYTE OR
               WBC OR WHITE (W) BLOOD (W) CELL
S5     200356   MUCUS OR MUCIN?
S6    3726428   SUPERNATANT OR EXTRACT OR CULTURE
S7   17787115   INHIBIT? OR REDUC? OR DECREASE
S8      47860   DEGRANULAT?
S9        592   FUNGUS (W) ATTACK
S10  17787115   REDUC? OR INHIBIT? OR DECREASE
S11   5982296   PATIENT
? s1 and s2 and s4 and s7 and s10 and s11
Processing
Processing
Processing
Processing
Processing
Processed  10 of  26 files ...
Processing
Processing
Processed  20 of  26 files ...
Completed processing all files
        25670043  1
         1139396  S2
        11224791  S4
        17787115  S7
        17787115  S10
         5982296  S11
     S12    1149  1 AND S2 AND S4 AND S7 AND S10 AND S11
? ds

Set     Items   Description
S1      27493   RHINOSINUSITIS OR MUCOSITIS
S2    1139396   FUNGAL OR FUNGUS
S3     287023   CANDIDA OR ALTERNARIA OR ASPERGILUS OR CLADISPORIUM
S4   11224791   PBMC OR BLOOD OR T (W) CELL? OR EOSINOPHIL OR LEUKOCYTE OR
               WBC OR WHITE (W) BLOOD (W) CELL
S5     200356   MUCUS OR MUCIN?
S6    3726428   SUPERNATANT OR EXTRACT OR CULTURE
S7   17787115   INHIBIT? OR REDUC? OR DECREASE
S8      47860   DEGRANULAT?
S9        592   FUNGUS (W) ATTACK
S10  17787115   REDUC? OR INHIBIT? OR DECREASE
S11   5982296   PATIENT
S12      1149   1 AND S2 AND S4 AND S7 AND S10 AND S11
? s s1 and s2 and s3 and s4 and s5 and s6 and s7 and s8 and s10 and s11
           27493  S1
         1139396  S2
          287023  S3
```

```
        11224791  S4
          200356  S5
         3726428  S6
        17787115  S7
           47860  S8
        17787115  S10
         5982296  S11
     S13       0  S1 AND S2 AND S3 AND S4 AND S5 AND S6 AND S7 AND S8 AND
                  S10 AND S11
? s s12 and s1
            1149  S12
           27493  S1
     S14      42  S12 AND S1
? rd
     S15      27  RD  (unique items)
? t s15/free/all
>>>"FREE" is not a valid format name in file(s): 399
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```
s eosinophilic (n) fungal or efrs or eosinophilic (n) mucinous or allergic (n)
fungal or emrs
          27768  EOSINOPHILIC
         137602  FUNGAL
             31  EOSINOPHILIC(N)FUNGAL
             14  EFRS
          27768  EOSINOPHILIC
          15982  MUCINOUS
             10  EOSINOPHILIC(N)MUCINOUS
         136736  ALLERGIC
         137602  FUNGAL
            520  ALLERGIC(N)FUNGAL
            280  EMRS
     S37    824  EOSINOPHILIC (N) FUNGAL OR EFRS OR EOSINOPHILIC (N)
                 MUCINOUS OR ALLERGIC (N) FUNGAL OR EMRS
? s s21 and s22 and s24 and s28 and s37
        4599984  S21
        6384127  S22
          88505  S24
          31279  S28
            824  S37
     S38      0  S21 AND S22 AND S24 AND S28 AND S37
? s s21 and s22 and s24 and s37
        4599984  S21
        6384127  S22
          88505  S24
            824  S37
     S39      0  S21 AND S22 AND S24 AND S37
? s s21 and s22 and s23 and s37
        4599984  S21
        6384127  S22
         111482  S23
            824  S37
     S40     29  S21 AND S22 AND S23 AND S37
? rd
     S41     21  RD  (unique items)
? t s41/free/all

 41/8/1     (Item 1 from file: 73)
13850715     EMBASE No: 2006257235
  Intranasal corticosteroids for nasal polyposis: Biological rationale,
efficacy, and safety
  2006


 41/8/2     (Item 2 from file: 73)
12835017     EMBASE No: 2004420693
  Modulation of airway inflammation by immunostimulatory CpG
oligodeoxynucleotides in a murine model of allergic aspergillosis
  2004


 41/8/3     (Item 3 from file: 73)
12718781     EMBASE No: 2004312574
  Role of local immunoglobulin E production in the pathophysiology of
noninvasive fungal sinusitis
  2004


 41/8/4     (Item 4 from file: 73)
12613034     EMBASE No: 2004212190
  Etiology of chronic rhinosinusitis: The role of fungus
  2004
```

41/8/5 (Item 5 from file: 73)
12551768 EMBASE No: 2004146127
Prospective pathomorphological, immunological, and mycological results concerning chronic fungal sinusitis
PROSPEKTIVE PATHOMORPHOLOGISCHE, IMMUNOLOGISCHE UND MYKOLOGISCHE UNTERSUCHUNGEN ZUR CHRONISCHEN PILZSINUSITIS
2004

41/8/6 (Item 6 from file: 73)
12326745 EMBASE No: 2003436596
Fungal investigation in 20 patients with nasal polyposis
2002

41/8/7 (Item 7 from file: 73)
12210204 EMBASE No: 2003323701
Allergic Aspergillus flavus rhinosinusitis: A case report from Qatar
2003

41/8/8 (Item 8 from file: 73)
11921100 EMBASE No: 2003031386
Study of allergic fungal sinusitis in 40 surgical cases of chronic paranasal sinusitis
2002

41/8/9 (Item 9 from file: 73)
11318197 EMBASE No: 2001330769
A superantigen hypothesis for the pathogenesis of chronic hypertrophic rhinosinusitis, allergic fungal sinusitis, and related disorders
2001

41/8/10 (Item 10 from file: 73)
11195971 EMBASE No: 2001206629
Allergic fungal rhinosinusitis: Current theories and management strategies
2001

41/8/11 (Item 11 from file: 73)
10794538 EMBASE No: 2000274844
Airway remodeling is absent in CCR1(-/-) mice during chronic fungal allergic airway disease J. Immunol 2000 105:
01 AUG 2000

41/8/12 (Item 12 from file: 73)
07927016 EMBASE No: 1999400428
Allergic fungal sinusitis presenting as unilateral exophthalmos
1999

41/8/13 (Item 13 from file: 73)
07847170 EMBASE No: 1999320520
The diagnosis and incidence of allergic fungal sinusitis
1999

41/8/14 (Item 14 from file: 73)
07079834 EMBASE No: 1997361697
Local and systemic eosinophil activation in allergic fungal sinusitis
1997

41/8/15 (Item 15 from file: 73)
06642239 EMBASE No: 1996307066
Allergic aspergillus sinusitis: Concept and case reports
LA SINUSITE ASPERGILLAIRE ALLERGIQUE: CONSIDERATIONS GENERALES ET PRESENTATION DE DEUX OBSERVATIONS CLINIQUES
1996

41/8/16 (Item 16 from file: 73)
06191687 EMBASE No: 1995228693
Diagnostic criteria for allergic fungal sinusitis
1995

41/8/17 (Item 17 from file: 73)
05875955 EMBASE No: 1994285391
Allergic fungal sinusitis: The Mayo Clinic experience
1994

41/8/18 (Item 18 from file: 73)
04216803 EMBASE No: 1990099345
Allergic Bipolaris sinusitis: Clinical and immunopathologic characteristics
1990

41/8/19 (Item 1 from file: 155)
DIALOG(R)File 155:(c) format only 2006 Dialog. All rts. reserv.

14098091 PMID: 12607281
[Study of allergic fungal sinusitis in 40 surgical cases of chronic paranasal sinusitis]
Dec 2002
Tags: Female; Male
Descriptors: *Hypersensitivity--complications--CO; *Mycoses--complications--CO; *Sinusitis--immunology--IM; *Sinusitis--surgery--SU; Adult; Aged; English Abstract; Humans; Middle Aged; Sinusitis--complications--CO

41/8/20 (Item 2 from file: 155)
DIALOG(R)File 155:(c) format only 2006 Dialog. All rts. reserv.

13531122 PMID: 11802449
[A case report of allergic fungal sinusitis caused by Penicillium sp. and Cladosporium sp.]
Dec 2001
Tags: Male
Descriptors: *Cladosporium; *Hypersensitivity, Immediate--immunology--IM; *Mycoses--immunology--IM; *Penicillium; *Sinusitis--immunology--IM; *Sinusitis--microbiology--MI; English Abstract; Humans; Immunoglobulin E --analysis--AN; Middle Aged; Sinusitis--surgery--SU
CAS Registry No.: 37341-29-0 (Immunoglobulin E)

41/8/21 (Item 3 from file: 155)

11193059 PMID: 9199091
[Allergic fungal sinusitis: is this rare disease an allergy or infection?]
Sinusite Allergica Micotica: una rara affezione allergica o infettiva?
Oct 1996
Tags: Male
Descriptors: *Alternaria--isolation and purification--IP; *Rhinitis, Allergic, Perennial--complications--CO; *Sinusitis--complications--CO; *Sinusitis--microbiology--MI; Adult; English Abstract; Eosinophils --ultrastructure--UL; Humans; Immunoglobulin E-- blood --BL; Magnetic Resonance Imaging; Sphenoid Sinus--microbiology--MI
CAS Registry No.: 37341-29-0 (Immunoglobulin E)
? LOGOFF
20sep06 16:32:12 User294085 Session D8.6
$134.94 12.048 DialUnits File73
$173.60 56 Type(s) in Format 3
$0.00 96 Type(s) in Format 6
$173.60 152 Types
$308.54 Estimated cost File73
$50.16 14.752 DialUnits File155
$0.00 34 Type(s) in Format 8
$0.00 34 Types
$50.16 Estimated cost File155
OneSearch, 2 files, 26.800 DialUnits FileOS
$16.80 TELNET
$375.50 Estimated cost this search
$381.50 Estimated total session cost 28.382 DialUnits

Logoff: level 05.12.03 D 16:32:12

You are now logged off

```
 s s21 and s22 and s24 and s28
         4599984  S21
         6384127  S22
           88505  S24
           31279  S28
     S34     143  S21 AND S22 AND S24 AND S28
? rd
     S35     106  RD  (unique items)
? s s35 not py=<2002
             106  S35
        23321154  PY=<2002
     S36      24  S35 NOT PY=<2002
? t s36/free/all

 36/8/1     (Item 1 from file: 73)
13926935     EMBASE No: 2006354723
  Interleukin-12  inhibits   eosinophil   degranulation  and migration but
does not promote  eosinophil  apoptosis
  2006


 36/8/2     (Item 2 from file: 73)
13894883     EMBASE No: 2006286983
  Antieosinophilic activity of orazipone
  2006
```

```
? ds

Set     Items   Description
S1    2221203   MIGRAT? OR LOCATE OR LOCALIZATION
S2     237835   CHEMOTACTIC OR CHEMOTAXIS OR CHEMOATTRACTANT
S3     256263   EOSINOPHIL?
S4   12743535   MODULAT? OR INHIBIT? OR MODIF?
S5    1948428   FUNGI OR FUNGUS OR FUNGAL
S6     488051   ALTERNARIA OR CANDIDA OR ASPERGILLUS OR CLADISPORIUM
S7     302535   PBMC OR MONONUCLEAR (W) CELL?
S8      27165   CRS OR CHRONIC (W) RHINOSINUSITIS OR AFS OR ALLERGIC (W) F-
            UNGAL (W) SINUSITIS
S9     139132   SUPERNATANT
S10         0   S7 AND S8 AND S5 AND S3 AND S1 AND S9 AND S4
S11         1   S1 AND S3 AND S5 AND S7 AND S8
S12        95   S7 AND S6 AND S5 AND S3
S13         4   S8 AND S12
S14         4   RD  (unique items)
S15        95   S7 AND S6 AND S5 AND S3
S16        76   RD  (unique items)
S17         1   S3 AND S5 AND S7 AND S8 AND S1 AND S2
S18         5   S3 AND S5 AND S7 AND S8
S19    167614   MUCUS OR MUCIN
S20         2   S3 AND S4 AND S5 AND S7 AND S8
S21       119   S3 AND S4 AND S5 AND S7
S22        15   S19 AND S21
S23        14   RD  (unique items)
S24       995   S3 AND S8
S25       560   S24 AND S5
S26        25   S25 AND S1
S27        25   S25 AND S1
S28         2   S25 AND S2 AND S4
S29         2   RD  (unique items)
S30        20   S3 AND S4 AND S1 AND S2 AND S5 AND S7
S31        19   RD  (unique items)
S32   2354038   ANTIGEN
S33   4360150   STIMULAT?
S34     13356   TRANSENDOTHELIAL
S35         2   S3 AND S5 AND S7 AND S32 AND S33 AND S34
S36         2   RD  (unique items)
? s s3 and s5 and s7 and s34
         256263  S3
        1948428  S5
         302535  S7
          13356  S34
     S37       2  S3 AND S5 AND S7 AND S34
? rd
     S38       2  RD  (unique items)
?
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18/8/2     (Item 1 from file: 34)
DIALOG(R)File  34:(c) 2006 The Thomson Corp. All rts. reserv.

12166181   Genuine Article#: 737DL   Number of References: 49
Title: Molecular immunology and immunotherapy for chronic sinusitis  (
    ABSTRACT AVAILABLE)
Publication date: 20031100

Journal Subject Category: ALLERGY; IMMUNOLOGY
Identifiers--KeyWord Plus(R): GRASS-POLLEN IMMUNOTHERAPY; CHRONIC
```

HYPERPLASTIC SINUSITIS; GLUCOCORTICOID-RECEPTOR-BETA; ALLERGIC FUNGAL SINUSITIS ; COLONY-STIMULATING FACTOR; NASAL-MUCOSA; MESSENGER-RNA; IGE SYNTHESIS; TOPICAL CORTICOSTEROIDS; FLUTICASONE PROPIONATE
? t s16/long/9, 11, 15

16/7/9 (Item 9 from file: 5)
DIALOG(R)File 5:Biosis Previews(R)

0008174528 BIOSIS NO.: 199293017419
STUDIES ON THE REGULATION OF EOSINOPHILS IN BRONCHIAL ASTHMA PART 1. CHARACTERIZATION OF EOSINOPHIL CHEMOTACTIC FACTOR ECF DERIVED FROM PERIPHERAL BLOOD MONONUCLEAR CELLS STIMULATED WITH CANDIDA ANTIGEN
AUTHOR: TAKAHASHI H (Reprint)
AUTHOR ADDRESS: SECOND DEP INTERNAL MED, OKAYAMA UNIV MED SCH, OKAYAMA 700, JPN**JAPAN
JOURNAL: Okayama Igakkai Zasshi 103 (7-8): p779-790 1991
ISSN: 0030-1558
DOCUMENT TYPE: Article
RECORD TYPE: Abstract
LANGUAGE: JAPANESE

ABSTRACT: Eosinophilic infiltration in bronchial tissue is characteristic in the pathogenesis of bronchial asthma. The eosinophil chemotactic factor (ECF) derived from mononuclear cells has been reported to have some effect on the cell infiltration, and interleukin-5 (IL-5), a lymphokine derived from T lymphocytes, to be a factor related to growth, chemotaxis and activation for eosinophils . Lymphocytes accumulated in the bronchoalveolar lavage fluids of non-atopic and severe asthmatics have been shown to be highly responsive to Candida antigen, and high ECF production was observed in non-atopic and severe asthmatics by measurement of ECF activity in the supernatant of peripheral blood mononuclear cells cultured with Candida antigen. In this report, the molecular weight by gel filtration and inhibition test using anti-murine IL-5 antibody were studied to characterize the lymphocyte-derived ECF. Gel filtration analysis of the ECF indicated a molecular weight of 20,000 to 65,000 Da with a peak of activity around 40,000 to 50,000 Da. The ECF activity was reduced by incubation with anti-murine IL-5 antibody, which suggests that the supernatant contains IL-5. ECF from mononuclear cells , containing IL-5, may play an important role in the pathogenesis of eosinophil infiltration in non-atopic and severe asthmatics.

16/7/11 (Item 11 from file: 5)
DIALOG(R)File 5:Biosis Previews(R)

0007332526 BIOSIS NO.: 199090117005
STUDIES ON THE ROLE OF EOSINOPHILS IN THE PATHOGENESIS OF BRONCHIAL ASTHMA PART 2. PRODUCTION OF EOSINOPHIL CHEMOTACTIC FACTOR BY PERIPHERAL BLOOD MONONUCLEAR CELLS INCUBATED WITH CANDIDA ANTIGEN
AUTHOR: KAWADA I (Reprint)
AUTHOR ADDRESS: SECOND DEP INTERNAL MED, OKAYAMA UNIV MED SCH, OKAYAMA 700, JPN**JAPAN
JOURNAL: Okayama Igakkai Zasshi 102 (5-6): p745-756 1990
ISSN: 0030-1558
DOCUMENT TYPE: Article
RECORD TYPE: Abstract
LANGUAGE: JAPANESE

ABSTRACT: The role of the eosinophil chemotactic factor (ECF) produced by peripheral blood mononuclear cells in the pathogenesis of bronchial

asthma was studied. Bronchial asthma in childhood is characterized by its atopic history and such an asthmatic attack is induced by house dust or mite antigen through the type I allergic reaction. The lymphocytes found in bronchoalveolar lavage fluid have high responsiveness to Candida antigen. This suggests the participation of the type IV allergic reaction in the pathogenesis of asthmatic attack. Eosinophilic granulocyte infiltration in the lungs during the asthmatic attack was evaluated by measuring ECF activity produced by peripheral blood mononuclear cells incubated with Candida antigen. Chemotactic and chemokinetic activities to eosinophilic granulocytes were present in the supernatant, and basophilic granulocyte deletion did not change such chemotactic activity.

36/3/1 (Item 1 from file: 149)
DIALOG(R)File 149:TGG Health&Wellness DB(SM)

01678821 SUPPLIER NUMBER: 19195298 (USE FORMAT 7 OR 9 FOR FULL TEXT)
Chemokines: leucocyte recruitment and activation cytokines.(Review Article)
Adams, David H.; Lloyd, Andrew R.
The Lancet, v349, n9050, p490(6)
Feb 15,
1997
PUBLICATION FORMAT: Magazine/Journal ISSN: 0099-5355 LANGUAGE: English
RECORD TYPE: Fulltext; Abstract TARGET AUDIENCE: Professional
WORD COUNT: 4481 LINE COUNT: 00373

SPECIAL FEATURES: illustration; table; chart; diagram
DESCRIPTORS: Leucocytes--Immunological aspects; Cellular immunity--Physiological aspects; Cytokines--Therapeutic use
FILE SEGMENT: HI File 149

36/3/2 (Item 1 from file: 444)
DIALOG(R)File 444:New England Journal of Med.

00121095

Advances in Immunology: Asthma (Review Articles)

Busse, William W.; Lemanske, Robert F., Jr.
The New England Journal of Medicine
Feb 1, 2001; 344 (5),pp 350-362
LINE COUNT: 00512 WORD COUNT: 07069
?
High ECF production was observed in non-atopic asthmatics and in severe but non-steroid-dependent asthmatics. ECF may be produced at least in part from the lymphocyte blastogenic response to Candida antigen and may have some effect on the pathogenesis of non-atopic and severe asthmatics.

16/7/15 (Item 15 from file: 5)
DIALOG(R)File 5:Biosis Previews(R)

0003901092 BIOSIS NO.: 198375085035
ANTIGENIC STIMULATION OF SENSITIZED LYMPHOCYTES FOR RELEASE OF EOSINOPHILOPOIESIS STIMULATING FACTORS IN PATIENTS WITH ALLERGIC

EOSINOPHILIA
AUTHOR: ENOKIHARA H (Reprint)
AUTHOR ADDRESS: 3RD DEP INTERNAL MED, DOKKYO UNIV SCH MED, TOCHIGI**JAPAN
JOURNAL: Acta Haematologica Japonica 45 (5): p883-889 1982
ISSN: 0001-5806
DOCUMENT TYPE: Article
RECORD TYPE: Abstract
LANGUAGE: JAPANESE

ABSTRACT: In 2 patients with allergic eosinophilia , eosinophilopoietic activity of conditioned media (CM) prepared from mononuclear cells (MN) or lymphocytes (Ly) stimulated with appropriated antigen were studied in vitro. The antigens added to MN or Ly were Aspergillus extract for one patient who had allergic bronchopulmonary aspergillosis, and bovine serum albumin or .beta.-lactoglobulin for the other who had milk allergy. CM prepared from patient's MN or Ly without the addition of the antigen was used as the control. Eosinophilopoietic activity was assayed with soft-agar and liquid cultures of Ficoll-Conray-separated normal human nonphagocytic bone marrow cells. In both patients, the specific CM caused significant increases in the number of eosinophil colonies in the agar culture system and in the number of eosinophil leukocytes in the liquid culture system compared to the control, while no significant change was observed in the numbers of granulocyte-macrophage colonies or neutrophils in each culture system. CM from normal MN incubated with the antigens caused no increase in eosinophilopoietic activity. Antigenic stimulation of the sensitized lymphocytes from patients with allergic eosinophilia may cause the release of soluble factor(s) stimulatory for eosinophilopoiesis in vitro.
?
? t s26/medium/11, 13, 14, 16

26/3/11 (Item 1 from file: 135)
DIALOG(R)File 135:NewsRx Weekly Reports

0000140484 (USE FORMAT 7 OR 9 FOR FULLTEXT)
Structure of eosinophils around fungal hyphae characterized
Immunotherapy Weekly, June 2, 2004, p.164

DOCUMENT TYPE: Expanded Reporting LANGUAGE: English
RECORD TYPE: FULLTEXT
WORD COUNT: 369

26/3/13 (Item 2 from file: 144)
DIALOG(R)File 144:Pascal

14957150 PASCAL No.: 01-0109651
Allergic fungal sinusitis : An immunohistologic analysis
KHAN David A; CODY D Thane II; GEORGE Terry J; GLEICH Gerald J; LEIFERMAN And Kristin M
Department of Otorhinolaryngology, Mayo Clinic and Mayo Foundation, Rochester, United States; Department of Dermatology, Mayo Clinic and Mayo Foundation, Rochester, United States; Department of Medicine and Immunology, Mayo Clinic and Mayo Foundation, Rochester, United States
Journal: Journal of allergy and clinical immunology, 2000, 106 (6) 1096-1101
Language: English

26/3/14 (Item 1 from file: 149)
DIALOG(R)File 149:TGG Health&Wellness DB(SM)

03015140 SUPPLIER NUMBER: 153051152 (USE FORMAT 7 OR 9 FOR FULL TEXT
)
Natural treatment of chronic rhinosinusitis .(Sinusitis)
Helms, Steve; Miller, Alan L.
Alternative Medicine Review, 11, 3, 196(12)
Sept,
2006
PUBLICATION FORMAT: Magazine/Journal ISSN: 1089-5159 LANGUAGE: English
RECORD TYPE: Fulltext TARGET AUDIENCE: Academic; Professional
WORD COUNT: 7480 LINE COUNT: 00648

DESCRIPTORS: Sinusitis--Research; Sinusitis--Care and treatment; Sinusitis --Analysis; Alternative medicine--Research; Alternative medicine--Methods
EVENT CODES/NAMES: 310 Science & research

26/3/16 (Item 3 from file: 149)
DIALOG(R)File 149:TGG Health&Wellness DB(SM)

02494997 SUPPLIER NUMBER: 124261639 (USE FORMAT 7 OR 9 FOR FULL TEXT
)
Charcot-Leyden crystals: pathology and diagnostic utility.
Pantanowitz, Liron; Balogh, Karoly
Ear, Nose and Throat Journal, 83, 7, 489(2)
July,
2004
PUBLICATION FORMAT: Magazine/Journal; Refereed ISSN: 0145-5613
LANGUAGE: English RECORD TYPE: Fulltext TARGET AUDIENCE: Professional
WORD COUNT: 1328 LINE COUNT: 00118

DESCRIPTORS: Respiratory tract diseases--Diagnosis; Eosinophilia -- Diagnosis; Eosinophilia --Physiological aspects
GEOGRAPHIC CODES/NAMES: 1U1MA Massachusetts
?

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  File   5:Biosis Previews(R) 1969-2006/Oct W2
         (c) 2006 The Thomson Corporation
  File   6:NTIS 1964-2006/Oct W1
         (c) 2006 NTIS, Intl Cpyrght All Rights Res
  File   8:Ei Compendex(R) 1970-2006/Oct W1
         (c) 2006 Elsevier Eng.  Info. Inc.
  File  24:CSA Life Sciences Abstracts 1966-2006/Aug
         (c) 2006 CSA.
  File  34:SciSearch(R) Cited Ref Sci 1990-2006/Oct W1
         (c) 2006 The Thomson Corp
  File  45:EMCare 2006/Oct W2
         (c) 2006 Elsevier B.V.
  File  65:Inside Conferences 1993-2006/Oct 13
         (c) 2006 BLDSC all rts. reserv.
  File  71:ELSEVIER BIOBASE 1994-2006/Oct W2
         (c) 2006 Elsevier B.V.
  File  73:EMBASE 1974-2006/Oct 13
         (c) 2006 Elsevier B.V.
  File  94:JICST-EPlus 1985-2006/Jul W1
         (c)2006 Japan Science and Tech Corp(JST)
  File  98:General Sci Abs 1984-2006/Oct
         (c) 2006 The HW Wilson Co.
  File  99:Wilson Appl. Sci & Tech Abs 1983-2006/Jul
         (c) 2006 The HW Wilson Co.
  File 135:NewsRx Weekly Reports 1995-2006/Oct W2
         (c) 2006 NewsRx
  File 136:BioEngineering Abstracts 1966-2006/Aug
         (c) 2006 CSA.
  File 143:Biol. & Agric. Index 1983-2006/Jul
         (c) 2006 The HW Wilson Co
  File 144:Pascal 1973-2006/Sep W3
         (c) 2006 INIST/CNRS
  File 155:MEDLINE(R) 1950-2006/Oct 11
         (c) format only 2006 Dialog
  File 172:EMBASE Alert 2006/Oct 13
         (c) 2006 Elsevier B.V.
  File 266:FEDRIP 2006/Aug
         Comp & dist by NTIS, Intl Copyright All Rights Res
  File 315:ChemEng & Biotec Abs 1970-2006/Aug
         (c) 2006 DECHEMA
  File 357:Derwent Biotech Res. _1982-2006/Oct W3
         (c) 2006 The Thomson Corp.
  File 358:Current BioTech Abs 1983-2006/Jan
         (c) 2006 DECHEMA
  File 369:New Scientist 1994-2006/Aug W3
         (c) 2006 Reed Business Information Ltd.
  File 370:Science 1996-1999/Jul W3
         (c) 1999 AAAS
*File 370: This file is closed (no updates). Use File 47 for more current
information.
  File 399:CA SEARCH(R) 1967-2006/UD=14516
         (c) 2006 American Chemical Society
*File 399: Use is subject to the terms of your user/customer agreement.
IPCR/8 classification codes now searchable as IC=. See HELP NEWSIPCR.
  File 434:SciSearch(R) Cited Ref Sci 1974-1989/Dec
         (c) 2006 The Thomson Corp

      Set  Items  Description
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aspergilus or cladisporium ; s pbmc or blood or t (w) cell? or eosinophil or
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leukocyte or wbc or white (w) blood (w) cell; s mucus or mucin?; s supernatant or
extract or culture; s inhibit? or reduc? or decrease; s degranulat?; s fungus (w)
attack
            7721  RHINOSINUSITIS
           19778  MUCOSITIS
      S1   27493  RHINOSINUSITIS OR MUCOSITIS
          822532  FUNGAL
          411608  FUNGUS
      S2 1139396  FUNGAL OR FUNGUS
          256104  CANDIDA
           31840  ALTERNARIA
             325  ASPERGILUS
               4  CLADISPORIUM
      S3  287023  CANDIDA OR ALTERNARIA OR ASPERGILUS OR CLADISPORIUM
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          529207  LEUKOCYTE
           35529  WBC
         1033525  WHITE
         9999802  BLOOD
        15583908  CELL
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? s reduc? or inhibit? or decrease; s patient
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Completed processing all files
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         2684657  DECREASE
     S1017787115  REDUC? OR INHIBIT? OR DECREASE
     S11 5982296  PATIENT
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Set     Items   Description
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S3     287023   CANDIDA OR ALTERNARIA OR ASPERGILUS OR CLADISPORIUM
S4   11224791   PBMC OR BLOOD OR T (W) CELL? OR EOSINOPHIL OR LEUKOCYTE OR
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S5     200356   MUCUS OR MUCIN?
S6    3726428   SUPERNATANT OR EXTRACT OR CULTURE
S7   17787115   INHIBIT? OR REDUC? OR DECREASE
S8      47860   DEGRANULAT?
S9        592   FUNGUS (W) ATTACK
S10  17787115   REDUC? OR INHIBIT? OR DECREASE
S11   5982296   PATIENT
? s1 and s2 and s4 and s7 and s10 and s11
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Processed  20 of  26 files ...
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        11224791  S4
        17787115  S7
        17787115  S10
         5982296  S11
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Set     Items   Description
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S3     287023   CANDIDA OR ALTERNARIA OR ASPERGILUS OR CLADISPORIUM
S4   11224791   PBMC OR BLOOD OR T (W) CELL? OR EOSINOPHIL OR LEUKOCYTE OR
             WBC OR WHITE (W) BLOOD (W) CELL
S5     200356   MUCUS OR MUCIN?
S6    3726428   SUPERNATANT OR EXTRACT OR CULTURE
S7   17787115   INHIBIT? OR REDUC? OR DECREASE
S8      47860   DEGRANULAT?
S9        592   FUNGUS (W) ATTACK
S10  17787115   REDUC? OR INHIBIT? OR DECREASE
S11   5982296   PATIENT
S12      1149   1 AND S2 AND S4 AND S7 AND S10 AND S11
? s s1 and s2 and s3 and s4 and s5 and s6 and s7 and s8 and s10 and s11
          27493  S1
        1139396  S2
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          287023  S3
        11224791  S4
          200356  S5
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        17787115  S7
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     S15      27  RD  (unique items)
? t s15/free/all
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 15/8/1     (Item 1 from file: 5)
0015788477   BIOSIS NO.: 200600133872
Hematopoietic stem cell transplantation (HSCT) as curative therapy for
  Fanconi anemia (FA) patients with acute leukemia or advanced
  myelodysplasia (MDS).
2005


 15/8/2     (Item 2 from file: 5)
0015788468   BIOSIS NO.: 200600133863
Allogeneic stem cell transplantation (AlloSCT) for relapsed Hodgkin's
  lymphoma (HL) following autologous stem cell transplantation (AuSCT):
  Improved progression-free survival (PFS) in patients with graft vs
  host-disease (GvHD) suggests a graft vs lymphoma (GVL) effect.
2005


 15/8/3     (Item 3 from file: 5)
0015788362   BIOSIS NO.: 200600133757
Voriconazole in primary prophylaxis  reduces  the incidence of IFI in high
  risk hematologic patients.
2005'


 15/8/4     (Item 4 from file: 5)
0015788322   BIOSIS NO.: 200600133717
Treosulfan plus fludarabine +/- thymoglobulin - An effective low toxicity
  conditioning regimen for allogeneic hematopoietic stem cell
  transplantation in chronic myeloid leukemia.
2005


 15/8/5     (Item 5 from file: 5)
0015788219   BIOSIS NO.: 200600133614
Dose  reduced  conditioning and CD3/CD19 depletion for haploidentical
  allogeneic hematopoietic cell transplantation in adults: Fast engraftment
  and low toxicity
2005


 15/8/6     (Item 6 from file: 5)
0014935771   BIOSIS NO.: 200400306528
Chronic sinusitis: Defective  T - cells  responding to superantigens,
  treated by  reduction  of fungi in the nose and air
```

2003

15/8/7 (Item 7 from file: 5)
0014814252 BIOSIS NO.: 200400181938
Oral voriconazole for prophylaxis of fungal infections during allogeneic hematopoietic stem cell transplantation in patients at risk.
2003

15/8/8 (Item 8 from file: 5)
0014811746 BIOSIS NO.: 200400192503
Antimicrobial prophylaxis and therapy in neutropenia.
ORIGINAL LANGUAGE TITLE: Antimikrobielle Prophylaxe und Therapie bei Neutropenie: Welche Optionen sind sinnvoll?
2003

15/8/9 (Item 9 from file: 5)
0014795197 BIOSIS NO.: 200400162538
A phase I study of dose escalated cytarabine in combination with a modified ESHAP-like regimen, paclitaxel, and vinorelbine (VTEPA) for the treatment of relapsed/refractory lymphoma.
2003

15/8/10 (Item 10 from file: 5)
0014781270 BIOSIS NO.: 200400147931
Early introduction of FK-506 combined with mycophenolate mofetil leads to prompt engraftment with low incidence of acute GVHD in non-myeloablative allogeneic transplantation: An update in 57 patients.
2003

15/8/11 (Item 11 from file: 5)
0014766002 BIOSIS NO.: 200400133356
Sirolimus and tacrolimus without methotrexate as Graft-vs.-Host disease prophylaxis after matched, related peripheral blood stem cell transplantation: Low transplant related morbidity and excellent GVHD control.
2003

15/8/12 (Item 12 from file: 5)
0014409496 BIOSIS NO.: 200300368215
Ifosphamide, Epirubicin, Etoposide (IEV) and Autologous Peripheral Blood Progenitor Cell Transplant: A Feasible and Effective Salvage Treatment for Lymphoid Malignancies.
2002

15/8/13 (Item 13 from file: 5)
0014380611 BIOSIS NO.: 200300337354
A Fludarabine/Melphalan (Flu/Mel) Reduced Intensity Conditioning Regimen with Cyclosporine and Mycophenolate Mofetil (CSA/MMF) Allows Successful Transplantation of Patients Who Are Not Candidates for Standard Unrelated Donor Transplantation (URD BMT).
2002

15/8/14 (Item 14 from file: 5)
0013626886 BIOSIS NO.: 200200220397
Tacrolimus (FK506) and mycophenolate mofetil (MMF) is a safe and

potentially effective alternative GVHD prophylaxis regimen in related (R) and unrelated (UR) donor allogeneic SCT (AlloSCT)
2001

15/8/15 (Item 15 from file: 5)
0013559752 BIOSIS NO.: 200200153263
Mouth washings with granulocyte-macrophage colony stimulating factor do not improve oropharyngeal mucositis in patients undergoing stem cell marrow transplantation. Results of a randomized prospective double-blind study
2001

15/8/16 (Item 16 from file: 5)
0013558785 BIOSIS NO.: 200200152296
Intermittent intermediate dose arabinosilcytosine (ID ara-C) preceded by a fludarabine (FAMP) minimum effective dose and all-trans retinoic acid (ATRA) in relapsed or resistant acute myeloid leukaemia (AML)
2001

15/8/17 (Item 17 from file: 5)
0013204698 BIOSIS NO.: 200100376537
Older patients with high-risk fungal infections can be successfully allografted using non-myeloablative conditioning in combination with intensified supportive care regimens
2001

15/8/18 (Item 18 from file: 5)
0013121903 BIOSIS NO.: 200100293742
Itraconazol oral solution: Dose optimization for fungal prophylaxis in patients with hematological malignancies
2000

15/8/19 (Item 19 from file: 5)
0012335062 BIOSIS NO.: 200000053375
Infectious complications after autologous peripheral blood progenitor cell transplantation followed by G-CSF
1999

15/8/20 (Item 1 from file: 34)
DIALOG(R)File 34:(c) 2006 The Thomson Corp. All rts. reserv.

12963629 Genuine Article#: 835VB Number of References: 64
Title: Topical polyene antifungals in hematopoietic cell transplant patients: tolerability and efficacy (ABSTRACT AVAILABLE)
Publication date: 20040700
Journal Subject Category: ONCOLOGY; HEALTH CARE SCIENCES & SERVICES; REHABILITATION
Identifiers--KeyWord Plus(R): BONE-MARROW-TRANSPLANTATION; ORAL AMPHOTERICIN-B; SEVERELY IMMUNOCOMPROMISED PATIENTS; HUMAN-IMMUNODEFICIENCY-VIRUS; RESISTANT CANDIDA-ALBICANS; ACUTE-LEUKEMIA; OROPHARYNGEAL CANDIDIASIS; NEUTROPENIC PATIENTS; NYSTATIN PROPHYLAXIS; FUNGAL -INFECTIONS

15/8/21 (Item 2 from file: 34)
DIALOG(R)File 34:(c) 2006 The Thomson Corp. All rts. reserv.

11963041 Genuine Article#: 712ZF Number of References: 61

Title: Infectious complications in association with cytoreductive chemotherapy for malignant diseases (ABSTRACT AVAILABLE)
Publication date: 20030000
Journal Subject Category: MEDICINE, RESEARCH & EXPERIMENTAL
Descriptors--Author Keywords: cancer ; malignancy ; cytoreductive therapy ; infection ; bacteria ; fungi ; virus ; pulmonary infections
Identifiers--KeyWord Plus(R): CELL TRANSPLANT RECIPIENTS; EMPIRICAL ANTIMICROBIAL THERAPY; NEUTROPENIC CANCER-PATIENTS; COLONY-STIMULATING FACTORS; LIPOSOMAL AMPHOTERICIN-B; FEBRILE PATIENTS; INVASIVE ASPERGILLOSIS; ANTIBIOTIC-THERAPY; ADENOVIRUS INFECTIONS; PERSISTENT FEVER

15/8/22 (Item 1 from file: 45)
01388098 EMCare No: 37448554
Role of colony-stimulating factor in patients receiving myelosuppressive chemotherapy for treatment of cancer
2003

15/8/23 (Item 2 from file: 45)
00802399 EMCare No: 30659532
Medical treatment of allergic fungal sinusitis
2000

15/8/24 (Item 1 from file: 73)
05015373 EMBASE No: 1992155589
Preclinical and phase I studies with rhizoxin to apply a pharmacokinetically guided dose-escalation scheme
1992

15/8/25 (Item 2 from file: 73)
04319728 EMBASE No: 1990202284
Overview of fungal infections in cancer patients
1990

15/8/26 (Item 1 from file: 135)
DIALOG(R)File 135:(c) 2006 NewsRx. All rts. reserv.

0000307422 (USE FORMAT 7 OR 9 FOR FULLTEXT)
Research from Cleveland Clinic Foundation provides new scientific insights
WORD COUNT: 1097
June 14, 2006 (20060614)

DESCRIPTORS: Cleveland; Cleveland Clinic Foundation; Drug Development ; Neurology; Ohio; Oncology; Orbital Exenteration; Pharmaceuticals; Rhinology; Sinusitis; Surgical Technology; Therapy; United States; All News; Professional News
SUBJECT HEADING: Cleveland Clinic Foundation

15/8/27 (Item 2 from file: 135)
DIALOG(R)File 135:(c) 2006 NewsRx. All rts. reserv.

0000307420 (USE FORMAT 7 OR 9 FOR FULLTEXT)
Reports from City of Hope National Medical Center, Duarte add new data to knowledge base
WORD COUNT: 1295
June 13, 2006 (20060613)

```
DESCRIPTORS:        Aptamer; Artificial Riboswitch; California; City of Hope
                    National Medical Center; Duarte; Organ Transplant;
                    Pre-mRNA Splicing; RNA Small Molecule Interaction;
                    Theophylline; United States; All News; Professional News
SUBJECT HEADING:    City of Hope National Medical Center, Duarte
? ds

Set     Items   Description
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S2    1139396   FUNGAL OR FUNGUS
S3     287023   CANDIDA OR ALTERNARIA OR ASPERGILUS OR CLADISPORIUM
S4   11224791   PBMC OR BLOOD OR T (W) CELL? OR EOSINOPHIL OR LEUKOCYTE OR
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S5     200356   MUCUS OR MUCIN?
S6    3726428   SUPERNATANT OR EXTRACT OR CULTURE
S7   17787115   INHIBIT? OR REDUC? OR DECREASE
S8      47860   DEGRANULAT?
S9        592   FUNGUS (W) ATTACK
S10  17787115   REDUC? OR INHIBIT? OR DECREASE
S11   5982296   PATIENT
S12      1149   1 AND S2 AND S4 AND S7 AND S10 AND S11
S13         0   S1 AND S2 AND S3 AND S4 AND S5 AND S6 AND S7 AND S8 AND S10
               AND S11
S14        42   S12 AND S1
S15        27   RD  (unique items)
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         1139396  S2
        11224791  S4
        17787115  S7
        17787115  S10
         5982296  S11
     S16      60  S1 AND S2 AND S4 AND S7 AND S10 AND S11
? t s16/kwic/all
>>>KWIC option is not available in file(s): 399

 16/KWIC/1     (Item 1 from file: 5)
DIALOG(R)File   5:(c) 2006 The Thomson Corporation. All rts. reserv.

...ABSTRACT: previous consecutive URD FA transplants: advanced MDS or
  leukemia, age > 18 years, or previous proven  fungal  or grant negative
  infection. Between 12/02-08/04 6 patients were enrolled. 5 with acute
  leukemia.  Patient  and disease characteristics are presented in Table 1.
  Conditioning consisted of busulfan (total 3.2mg...

...mycophenolate mofetil. All patients received prophylactic voriconazole
  for one month prior to transplant. BM was  T  cell  depleted with CD34
  selection by Isolex 300i. Five out of six patients achieved neutrophil
  engraftment. Median time to an ANC > 500 was 16 clays (range: 11-20
  days). One  patient  developed Grade I acute GVHD; no  patient  has
  developed chronic GVHD. The preparative regimen was well tolerated.
  Toxicities included Grade IV  mucositis  (n=1), VOD (n=2), hemorrhagic
  cystitis (n=1) and CMV pneumonia (n=1). Three...
DESCRIPTORS:
  ...DISEASES:  blood  and lymphatic disease, drug therapy,  surgery,
    prevention and control...

...neoplastic disease,  blood  and lymphatic disease, drug therapy,
    surgery,  prevention and control...

...neoplastic disease, immune system disease,  blood  and lymphatic disease
    , drug therapy,  surgery,  prevention and control
```

CHEMICALS & BIOCHEMICALS: ...antineoplastic-drug, immunosuppressant-drug, immunologic-drug, enzyme inhibitor -drug, pharmacodynamics...

16/KWIC/2 (Item 2 from file: 5)

...ABSTRACT: of chemotherapy regimens received prior to AlloSCT was four (range: 4-5). Eleven patients received reduced intensity conditioning with melphalan 100 mg/m(2) only and the final patient was conditioned with busulfan 130 mg/m(2) days -6 to -3 and fludarabine 40...

...days -6 to -3. All 11 patients who received melphalan conditioning were treated with calcineurin inhibitor (cyclosporin or tacrolimus) and Cellcept for graft vs host-disease (GVHD) prophylaxis. The patient who received busulfan and fludarabine conditioning received methotrexate and tacrolimus for GVHD prophylaxis. Median age...

...8 - 50.2). Patients received a median of 5.5 x 10(6) CD34+ peripheral blood progenitor cells/kg (range: 4.1-8.3). Median time to ANC engraftment (> 500/gL...

...median overall survival of 15.8 months (range: 2-41+). Common toxicities included fever and mucositis . There was one instance each of presumed fungal pneumonia, streptococcal mitis bacteremia, acute renal failure, and hemolysis from ABO mismatch. Three of twelve (25%) patients developed TTP secondary to calcineurin inhibitors for GVHD prophylaxis, and it resolved in all cases. One patient developed ARDS that required intubation and subsequently resolved. Four patients who had extensive cGVHD had...

...Further study will better define the population of HL patients most likely to benefit from reduced intensity AlloSCT.

DESCRIPTORS:
...DISEASES: neoplastic disease, immune system disease, blood and lymphatic disease, drug therapy, mortality, immunology
CHEMICALS & BIOCHEMICALS: ...antineoplastic-drug, immunosuppressant-drug, immunologic-drug, enzyme inhibitor -drug...

...antineoplastic-drug, immunosuppressant-drug, immunologic-drug, enzyme inhibitor -drug, dosage...

16/KWIC/3 (Item 3 from file: 5)

Voriconazole in primary prophylaxis reduces the incidence of IFI in high risk hematologic patients.

...ABSTRACT: and safety of voriconazole as primary prophylaxis in hematologic patients with high risk of invasive fungal infections (IFI) due to severe neutropenia after induction/intensification chemotherapy for acute myeloid leukemia (AML...

...in the same way. Drugs were adjusted to weight in children. In case of severe mucositis voriconazole or fluconazole were temporarily used intravenously. EORTC/MSG criteria for IFI definitions were used...

...in the fluconazole group (VORI 19,3% vs FLUCO 50,8%, p=0,004). None patient had to interrupt voriconazole due to toxicity.ALLO-HCT GROUP: we didn't find statistical...

...diagnosis and status at transplantation. In spite of differences in the conditioning regimen with more reduced -intensity conditioning regimen in the voriconazole group, both groups were similar when we analyse incidence...
...p < 0,05). Voriconazole was temporarily stopped in two patients with hepatic aGVHD and one patient with VOD. Three patients developped hepatic colestasis by day +75 wich was reversible after discontinuating ...

...voriconazole as primary prophylaxis of 1171 is a safety and well tolerated efective drug wich reduces the need for empiric antifungal treatment and the fatal events due to IFI in AML...
DESCRIPTORS:
...DISEASES: neoplastic disease, blood and lymphatic disease

16/KWIC/4 (Item 4 from file: 5)

...ABSTRACT: identical sibling. Bone marrow was used a source of stem cells in 29 patients, peripheral blood - in 6 cases. GVHD prophylaxis consisted of Cyclosporin A and short-course Methotrexate.All patients...

...10-42) days, and to PLT > 50 G/L - 21 (13-38) days. 1/35 patient experienced grade 3 mucositis ; no severe (grade 3-4) neutropenic infection nor VOD was observed. The incidence of grade...

...2 years equaled 14% (4/35). Causes of death were: EBV-LPD, late neuroinfection, late fungal infection, acute GVHD.At 2 years the probability of the overall survival and hematological relapse...
DESCRIPTORS:
...ORGANISMS: PARTS ETC: immune system, blood and lymphatics...

...immune system, blood and lymphatics...

... blood and lymphatics...

...peripheral blood --...

... blood and lymphatics
DISEASES: mucositis --...

... fungal infection...

... fungal disease, mortality...

...neoplastic disease, blood and lymphatic disease, drug therapy, mortality, diagnosis
CHEMICALS & BIOCHEMICALS: ...antineoplastic-drug, enzyme inhibitor -drug...

...enzyme inhibitor -drug, immunosuppressant-drug, immunologic-drug...
...antineoplastic-drug, enzyme inhibitor -drug, phase II clinical trial, efficacy...

16/KWIC/5 (Item 5 from file: 5)

Dose reduced conditioning and CD3/CD19 depletion for haploidentical allogeneic hematopoietic cell transplantation in adults: Fast engraftment ...

...ABSTRACT: cell transplantation (HHCT) has been made feasible with the use of megadoses of CD34+ peripheral blood stem cells. Despite this progress, HHCT is still complicated by high treatment related toxicity, slow...

...depletion with anti-CD3- and anti-CD19-coated microbeads on a CliniMACS device and dose reduced conditioning may allow HHCT with lower toxicity and faster engraftment. CD3/CD19 depleted grafts not...

...cells but also CD34 negative progenitors, natural killer-, dendritic and graft-facilitating-cells. As dose reduced conditioning fludarabine (150-200 mg/m(2)), thiotepa (10 mg/kg), melphalan (120 mg/m...

...8.6 x 10E7) CD56+ cells/kg and 2x10E4 (range, 0.006-8.2x10E4) CD3+ T - cells /kg. 8 of 9 patients had a donor-recipient KIR-mismatch. The conditioning regimen was well tolerated with maximum acute toxicity being grade 2-3 mucositis and nausea. In 4/9 patients reversible peripheral neuropathy grade 23 occurred, combined with multifocal leucencephalopathy in one patient . Subsequently the dose of fludarabine was reduced to 150 mg/m(2). Engraftment was rapid with median time to neutrophils > 500/pL...
...chimerism after two weeks in all patients. All evaluable patients had fast immune reconstitution with T - cells > 100/VL by day + 100. Five cases of grade 2 skin GVHD rapidly responded to steroids. Three patients with controlled fungal pneumonia at time of transplant had resolution of infiltrates with neutrophil reconstitution and antifungal therapy...
DESCRIPTORS:
ORGANISMS: PARTS ETC: CD34-positive blood cell...

... blood and lymphatics
...DISEASES: neoplastic disease, blood and lymphatic disease, therapy
CHEMICALS & BIOCHEMICALS: ...enzyme inhibitor -drug, immunosuppressant-drug, immunologic-drug...

16/KWIC/6 (Item 6 from file: 5)

Chemotherapy-induced and/or radiation therapy-induced oral mucositis - Complicating the treatment of cancer

ABSTRACT: The term mucositis is coined to describe the adverse effects of radiation and chemotherapy treatments. Mucositis is one of the most common adverse reactions encountered in radiation therapy for head and...

...with drugs affecting DNA synthesis (S-phase-specific agents such as fluorouracil, methotrexate, and cytarabine). Mucositis may limit the patient 's ability to tolerate chemotherapy or radiation therapy, and nutritional status is compromised. It may drastically affect cancer treatment as well as the patient 's quality of life. The incidence and severity of mucositis will vary from patient to patient . It will also vary from treatment to treatment. It is estimated that there is 40% incidence of mucositis in patients treated with standard chemotherapy and this will not only increase with the number...

...marrow transplantation and who receive high doses of chemotherapy have a 76% chance of getting mucositis . Patients receiving radiation, in particular to head and neck cancers, have a 30% to 60...
...development is not known, but it is thought to be divided into direct and indirect mucositis . Chemotherapy and/or radiation therapy will interfere with the normal turnover of epithelial, cells leading...

...injury; subsequently, it can also occur due to indirect invasion of

Gram-negative bacteria and fungal species because most of the cancer drugs will cause changes in blood counts. With the advancement in cytology, a more precise mechanism has been established. With this understanding, we can select and target particular mediators responsible for the mucositis . Risk factors such as age, nutritional status, type of malignancy, and oral care during treatment will play important roles in the development of mucositis . Many treatment options are available to prevent and treat this condition, but none of them can completely prevent or treat mucositis . More and more pathological methods are being developed to understand this condition so that better therapeutic regimens can be selected. Emphasis also should be made in assessing the patient 's psychologic condition, particular depressive disorders. This is important because treatment with antidepressants will not only contribute in lifting depression but also reduces pain somatization. Although mucositis is rarely life-threatening, it will interfere with treatment of cancer to a great extent.

DESCRIPTORS:
...DISEASES: mucositis --
CHEMICALS & BIOCHEMICALS: ...antineoplastic-drug, enzyme inhibitor -drug, adverse effects

16/KWIC/7 (Item 7 from file: 5)

Chronic sinusitis: Defective T - cells responding to superantigens, treated by reduction of fungi in the nose and air

ABSTRACT: In this study, the author used endoscopic sinus photography to study the effects of reduction of fungi in the nose, and in environmental air, on the sinus mucosa of 639 patients diagnosed with chronic rhinosinusitis . Sinus mucosal photographs were taken before and after reduction of fungal load in the nose and air, to determine if there was an optimum environmental air fungal load associated with sinus mucosal recovery to normal appearance. Systemic symptoms associated with fungal exposure, which resolved when fungus was removed from the patient and the environmental air and reappeared with recurrent environmental fungal exposure, are also discussed and are termed systemic fungal symptoms. Interventions consisted of nasal fungal load reduction with normal saline nasal irrigations and antimicrobial nasal sprays, and environmental air fungal load reduction with high-efficiency particulate air (HEPA) filtration in combination with ionizers or evaporation of a...

...of botanical extract. Main outcome measures were obtained with environmental air 1-hr gravity-plate fungal colony counts, laser air particle counts, and endoscopic sinus photography. Blood levels of immunoglobulins IgG and IgE for 7 common molds were also determined. After intervention, 94% of patients who used antimicrobial nasal sprays and who reduced their environmental fungal air count to 0-4 colonies per 1-hr agar gravity-plate exposure (n = 365) exhibited normal sinus mucosa by endoscopic exam. Environmental air fungal counts that exceeded 4 colonies resulted in sinus mucosal abnormalities ranging from edema, to pus...

...and a review of the current literature, the author hypothesizes that the pathogenesis of chronic rhinosinusitis , allergic fungal sinusitis, and systemic fungal symptoms is a genetic defect at the variable beta chain helper T - cell receptor (TCR Vbeta) site which requires the presence of an antigen (fungus). Chronic sinusitis patients who have recurring exposure to environmental air that contains fungal concentrations in excess of 4 colonies per 1-hr agar plate exposure appear to have...

DESCRIPTORS:
ORGANISMS: PARTS ETC: T cells --...

... blood and lymphatics, immune system
...DISEASES: rhinosinusitis --
CHEMICALS & BIOCHEMICALS: T cell receptor...
...METHODS & EQUIPMENT: fungi reduction treatment method...
MISCELLANEOUS TERMS: environmental air fungal load...

16/KWIC/8 (Item 8 from file: 5)

Oral voriconazole for prophylaxis of fungal infections during allogeneic hematopoietic stem cell transplantation in patients at risk.

ABSTRACT: Fungal infections are still an important cause of transplant related mortality in allogeneic bone marrow transplantation. Although it has been hypothesized that reduced intensity conditioning regimens would lower the overall incidence of infections, recent investigations revealed a similar incidence and spectrum of infectious diseases as compared to conventional conditioning, especially if in vivo T - cell depletion was applied. Therefore frequently prophylactic antifungal medication is used during neutropenia following stem cell...

...during neutropenia after allogeneic stem cell transplantation. Two pts received conventional conditioning and the remaining reduced , however presumably still myeloablative, preparative regimens. All but one pt received in vivo T - cell depletion with ATG. Three pts were transplanted from matched siblings, one from a mismatched sibling...

...unrelated donors. The stem cell source was bone marrow on four occasions and mobilized peripheral blood stem cells in the remainder. The reasons for antifungal prophylaxis included highly probable pulmonary aspergillosis...

...39-247d). All but one pt, who was switched to iv voriconazole because of severe mucositis , received the oral formulation throughout the whole treatment time. In 8 pts there was no...

...caspofungin, 1 liposomal amphotericin B) because of persistent neutropenic fever, without proven evidence of invasive fungal disease. At discharge 9 pts had normal radiologic findings and one pt had residual abnormalities...

...still alive at a median of 215 d (87-256d) after transplantation without evidence of fungal disease. One patient developed an intracerebral mass which required prolonged high-dose steroids and was later identified as...

...to fluconazole prior to this time because of economic reasons and after receiving chemotherapy the patient developed fulminant invasive aspergillosis unresponsive to any treatment and died on day 208 after transplant. In conclusion, voriconazole seems to have high efficacy in preventing fungal infections and is (as long as the oral route can be maintained) cost effective. However...
DESCRIPTORS:
...ORGANISMS: adult, middle age, host, patient , related organ donor, unrelated organ donor
...DISEASES: blood and lymphatic disease, immune system disease, neoplastic disease, therapy...

... mucositis --...

... blood and lymphatic disease...

... blood and lymphatic disease, infectious disease...

... fungal disease, infectious disease, respiratory system disease, diagnosis, prevention and control...

... fungal disease, infectious disease, diagnosis, prevention and control

16/KWIC/9 (Item 9 from file: 5)

...ABSTRACT: or duotherapy with antipseudomonal and antistreptococcal agents should be initiated immediately. In the low risk patient group, oral therapy with cipro-, levo-, or ofloxacin combined with amoxicillin/clavulanic acid is permissible...

...patients, monotherapy can be carried out with either ceftazidime, cefepime, piperacillin with a beta-lactam- inhibitor or a carbapenem. In duotherapy, a single dose of an aminoglycoside is combined with acylaminopenicillin...

...addition of glycopeptides in empirical therapy should only be considered in the presence of severe mucositis , or if a catheter-associated infection is suspected. If fever persists after 72-96 hours...

...the responsible pathogen, however maintaining the broad spectrum activity. Lung infiltrates are often caused by fungal organisms, therefore an empiric antifungal therapy is necessary which is active against Aspergillus species. Antibacterial prophylaxis can reduce the incidence of bacterial infections, but not the mortality by infections. If the risk of fungal infections exceeds 15%, an antifungal prophylaxis with resorbable drugs can be given.

DESCRIPTORS:
...ORGANISMS: host, patient
...ORGANISMS: PARTS ETC: blood and lymphatics, immune system
...DISEASES: blood and lymphatic disease
CHEMICALS & BIOCHEMICALS: ...antiinfective-drug, enzyme inhibitor -drug...

16/KWIC/10 (Item 10 from file: 5)

...ABSTRACT: or refractory Hodgkins and NHL use combinations of alkylating agents, cycle specific agents, and topoisomerase inhibitors to induce cell death. The use of taxanes or similar agents have modest activity when...

...evaluate toxicity and responses in each cohort. Results: The major toxicities of the regimen were mucositis , enteritis, hematologic toxicity, and infectious complications. The duration of neutropenia in cohorts 1,2, and...

...complications occurred in 9/16 patients and included FUO (n=3), bacteremia (n=2), and fungal pneumonia (n=1). Additional toxicities included electrolyte disturbances. There was 1 treatment related death (sepsis) in a patient with refractory T - cell NHL on day 7. Using standard response criteria following 1 cycle of therapy, there was...

...25% response rate (PR), 31% had stable disease, and 38% had documented progressive disease. One patient was lost to follow up before restaging. 5 patients went on to receive autologous (n...
DESCRIPTORS:
...ORGANISMS: PARTS ETC: blood and lymphatics
...DISEASES: blood and lymphatic disease, immune system disease, neoplastic disease, drug therapy...

... blood and lymphatic disease, immune system disease, neoplastic disease , drug therapy...

... blood and lymphatic disease, toxicity...

... mucositis --

16/KWIC/11 (Item 11 from file: 5)

...ABSTRACT: lessen the incidence of acute GVHD by 1) further abating the cytokine cascade and 2) inhibiting the activation of donor lymphocytes by host dendritic cells. With this concept in mind, we...

...complete donor chimerism achieved in 97% of evaluable cases (median time: 42 days). Only 1 patient with CML-AP on STI571 had primary graft failure; 4 patients required DLIs for persistent...

...occurring at a median time of 142 days (range: 92-244). Our patients experience no mucositis , short cytopenias, exceedingly low transfusion requirements, and could be treated entirely on an outpatient basis...
DESCRIPTORS:
...ORGANISMS: adult, aged, middle age, female, male, patient
...ORGANISMS: PARTS ETC: blood and lymphatics, immune system...

... blood and lymphatics, immune system
...DISEASES: blood and lymphatic disease, immune system disease, neoplastic disease, drug therapy...

... blood and lymphatic disease, immune system disease, neoplastic disease , drug therapy...

... blood and lymphatic disease, immune system disease, neoplastic disease , drug therapy...

... blood and lymphatic disease, immune system disease, neoplastic disease , drug therapy...

... blood and lymphatic disease, immune system disease, neoplastic disease , drug therapy...

... blood and lymphatic disease, immune system disease, neoplastic disease , drug therapy...
... fungal disease, infectious disease

16/KWIC/12 (Item 12 from file: 5)

Sirolimus and tacrolimus without methotrexate as Graft-vs.-Host disease prophylaxis after matched, related peripheral blood stem cell transplantation: Low transplant related morbidity and excellent GVHD control.

...ABSTRACT: structure to tacrolimus and cyclosporine but whose mechanism of action is distinct from the calcineurin inhibitors . Sirolimus inhibits signal transduction and cell cycle progression after binding FKBP12 and mTOR. Sirolimus may also inhibit dendritic cell function. The drug is synergistic with tacrolimus and has a distinct toxicity profile...

...patients (10%), involved the skin (3) and gut (1), and resolved promptly with corticosteroids. No patient developed Grade III-IV GVHD. No patient developed idiopathic pneumonia syndrome/diffuse alveolar hemorrhage. 4 patients developed HUS; temporary hemodialysis was required ...

...recovered normal renal function when tacrolimus was discontinued. VOD was noted in 3 patients. Oral mucositis was mild due to rapid engraftment and Mtx omission. Only 1 patient had CMV reactivation. No invasive fungal infections were noted. 29/30 patients are evaluable for chronic GVHD, which has been noted...

...is highly effective for GVHD prophylaxis after MRD PBSCT. Due to the omission of Mtx, mucositis was reduced , engraftment was prompt and transplant-related morbidity and mortality was substantially reduced . This combination is worthy of broader study in allogeneic transplantation.
DESCRIPTORS:
...ORGANISMS: adult, middle age, patient
...ORGANISMS: PARTS ETC: blood and lymphatics, immune system...

... blood and lymphatics...

... blood and lymphatics
...DISEASES: blood and lymphatic disease, immune system disease, neoplastic disease, drug therapy, surgery...

... blood and lymphatic disease, immune system disease, neoplastic disease , drug therapy, surgery...

... blood and lymphatic disease, immune system disease, neoplastic disease , drug therapy, surgery...

... blood and lymphatic disease, immune system disease, neoplastic disease , drug therapy, surgery...

... blood and lymphatic disease, infectious disease, urologic disease...

... blood and lymphatic disease, immune system disease, neoplastic disease , drug therapy, surgery...

... blood and lymphatic disease, immune system disease, neoplastic disease , drug therapy, surgery...

... mucositis --
...METHODS & EQUIPMENT: peripheral blood cell transplantation...

16/KWIC/13 (Item 13 from file: 5)
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ABSTRACT: Background: Fluconazole prophylaxis in patients receiving bone marrow transplantation reduces invasive infection with Candida species, but it appears that Candida glabrata has emerged as a...

...for subsequent systemic infection. We compared a pre-existing oral

screening isolate to the subsequent blood culture isolate using DNA karyotyping to determine if oral colonization was the source for systemic infection in one of these patients. Results: The patient was a 27 year old white male with chronic myelogenous leukemia who received an unrelated...

...was treated with Solu-Medrol. Also on Day +2 he was noted to have oral mucositis which worsened over the next several days. On Day +9 he was noted to have severe mucositis with hemorrhage and a screening oral culture grew C. glabrata. After development of fever on Day +11, blood cultures grew C. glabrata on Day +13. Both of these isolates had the same DNA...

...cultures were positive for Candida at this time. From Day +9 to Day +16 the patient 's absolute neutrophil count was 0. Conclusion: Oral colonization with Candida is very common, but has been largely overlooked as a potential source of systemic infection. Our patient illustrates for the first time that under the conditions of fluconazole prophylaxis, severe neutropenia, acute GVHD, and severe oral mucositis that oral colonization with C. glabrata can lead to Candida fungemia.
DESCRIPTORS:
...ORGANISMS: adult, host, male, patient , white
...ORGANISMS: PARTS ETC: blood and lymphatics, immune system
...DISEASES: blood and lymphatic disease, neoplastic disease...

... fungal disease...

... mucositis --
MISCELLANEOUS TERMS: oral fungal colonization...

16/KWIC/14 (Item 14 from file: 5)
DIALOG(R)File 5:(c) 2006 The Thomson Corporation. All rts. reserv.

...ABSTRACT: is almost invariably associated with severe infections and also with recurrent infections, both bacterial and fungal . Other parts of the immune system are always affected. B- and T - cell deficiencies may be present for months and even years after cytoreductive therapy, affecting the defence...

...Pneumocystis carinii. Parallel to the neutropenia there is more or less injury to mucous membranes, mucositis , permitting increased translocation of bacteria from the gastrointestinal tract to the blood . The course of bacteraemia may be fulminant but focal symptoms may be discrete or atypical...

...alpha-streptococci are most commonly involved. The initiation of empiric therapy immediately when a neutropenic patient gets fever is today a cornerstone in the management of neutropenic fever and has dramatically reduced a previously very high mortality rate. The patients must be closely monitored and changes in...

...and therapy may be complicated. Severe viral infections are seen in patients treated with especially T - cell toxic regimens, such as those used for bone marrow transplant recipients. Herpes viruses are most...
...take 18-48 h before being reported and susceptibility report another 24-48 h. For fungal and many viral infections both low sensitivity for identification and the delay of diagnosis are...
DESCRIPTORS:
...ORGANISMS: patient ;
...ORGANISMS: PARTS ETC: blood and lymphatics, immune system...

... T cell --...

... blood and lymphatics, immune system...

... blood --...

... blood and lymphatics
...DISEASES: mucositis --

16/KWIC/15 (Item 15 from file: 5)
DIALOG(R)File 5:(c) 2006 The Thomson Corporation. All rts. reserv.

ABSTRACT: Objectives: Despite aggressive antifungal prophylaxis, the increased risk for systemic fungal infection in recipients of hematopoietic cell transplants (HCT) continues to be a significant concern because...

...on a weekly basis until discharge. The oral complications were assessed, and the level of mucositis was scored by using the National Cancer Institute grade. Systemic antifungal prophylaxis was provided to...

...also associated with Candida colonization (P=.04). Seventy-four percent of all patients developed ulcerative mucositis . More severe mucositis was seen in patients undergoing chemotherapy and radiation therapy. There was no significant difference between Candida colonization and the presence or severity of mucositis . Conclusions: Despite systemic and topical antifungal prophylaxis, oropharyngeal colonization by Candida species was common in...

...transplant period. Of the 25 patients who died early after the transplantation, 92% had ulcerative mucositis in comparison with 70% of those who survived, reflecting the association of oral mucositis with the toxicity of HCT. There was a significant relationship among allogeneic and autologous HCT...

...of Candida. In patients undergoing systemic antifungal prophylaxis, chlorhexidine rinse was statistically more effective in reducing colonization by Candida than chlorhexidine and nystatin combined (P=.046).
DESCRIPTORS:
...ORGANISMS: adult, middle age, host, female, male, blood recipient, patient
...ORGANISMS: PARTS ETC: blood and lymphatics, graft
...DISEASES: blood and lymphatic disease, immune system disease, neoplastic disease, therapy...

...dental and oral disease, fungal disease, infectious disease, drug therapy...

...ulcerative mucositis --

16/KWIC/16 (Item 16 from file: 5)
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Ifosphamide, Epirubicin, Etoposide (IEV) and Autologous Peripheral Blood Progenitor Cell Transplant: A Feasible and Effective Salvage Treatment for Lymphoid Malignancies.

...ABSTRACT: to patients with refractory lymphoid malignancies as part of high-dose program including autologous peripheral blood progenitor cell transplantation (ASCT). Thirty-four consecutive patients with Hodgkin's lymphoma (11), aggressive non...

...IEV (1 course in 11, 2 courses in 10, 3 in 12, 4 in one patient). They experienced nausea and vomiting (17/34, 50%), diarrhoea (7/34, 20%), mucositis (3/34, 9 %), oral candidiasis (3/34, 9%) but no severe infections. The median time...

...High dose therapy with ASCT was performed in 17 patients, allogeneic stem cell transplant with reduced intensity conditioning in one. Only one patients has relapsed. The median duration of complete remission...
DESCRIPTORS:
...ORGANISMS: adult, aged, aged/80 and over, middle age, female, male , patient
...ORGANISMS: PARTS ETC: blood and lymphatics
...DISEASES: blood and lymphatic disease, immune system disease, neoplastic disease...

... blood and lymphatic disease, neoplastic disease...

... blood and lymphatic disease, immune system disease, neoplastic disease ...

... blood and lymphatic disease, immune system disease, neoplastic disease ...

... blood and lymphatic disease, neoplastic disease, drug therapy, therapy...

... mucositis --...

... blood and lymphatic disease, immune system disease, neoplastic disease ...
...dental and oral disease, fungal disease
CHEMICALS & BIOCHEMICALS: ...antineoplastic-drug, enzyme inhibitor -drug...
...METHODS & EQUIPMENT: autologous peripheral blood progenitor cell transplantation...

16/KWIC/17 (Item 17 from file: 5)

A Fludarabine/Melphalan (Flu/Mel) Reduced Intensity Conditioning Regimen with Cyclosporine and Mycophenolate Mofetil (CSA/MMF) Allows Successful Transplantation of Patients...

ABSTRACT: The Flu/Mel regimen has previously been described as an effective reduced intensity regimen for patients (pts) unable to undergo standard conditioning for allogeneic BMT. In an attempt to further reduce regimen related toxicity and time to engraftment in a high risk URD BMT population we...

...IV or PO TID, day 1-28, slow taper thereafter) for GVHD prophylaxis. Rationale for reduced conditioning included: previous autologous transplant (ASCT) (n=14), prior fungal infection (n=3), extensive prior therapy (n=2), organ dysfunction (n=1), age (n=1...

...n=2; relapsed, n=7), MDS =4, NHL=5, Hodgkin's disease (HD) =1, cutaneous T - cell lymphoma (CTCL) =1, and myelofibrosis =1. Three pts with lymphoma also had secondary MDS, none with excess blasts. Stem cell source were peripheral blood (n=11), or bone marrow (n=11). Donor/recipients were fully matched at A, B...

...time to neutrophil count >500 was 13.5 days. The incidence of grade 3-4

mucositis was 45%. All pts engrafted, but one patient had secondary graft failure in the setting of severe GVHD. Day 30 chimerism analysis by ...
...pts, extensive in 27%. Relapses have been observed in 2 pts with AML and 1 patient with NHL. At a median follow-up of 10.9 months (range 3.6-19 ...
DESCRIPTORS:
...ORGANISMS: patient
ORGANISMS: PARTS ETC: peripheral blood --...

... blood and lymphatics...

... blood and lymphatics, immune system
...DISEASES: blood and lymphatic disease, immune system disease, neoplastic disease...

... blood and lymphatic disease, neoplastic disease...

...grade 3-4 mucositis --...

... blood and lymphatic disease...

... blood and lymphatic disease, neoplastic disease...

... blood and lymphatic disease, immune system disease, neoplastic disease ...

... blood and lymphatic disease...
... blood and lymphatic disease
CHEMICALS & BIOCHEMICALS: ...antineoplastic-drug, enzyme inhibitor -drug...

16/KWIC/18 (Item 18 from file: 5)

Oral flora and mucositis grade during myeloablative chemotherapy

ABSTRACT: Background: Mucositis is a severe side effect of high-dose chemotherapy. The role of infectious agents in the development of mucositis is still a matter of debate. We examined the changes in bacterial and fungal oral flora and the severity of mucositis during autologous stem cell transplantation (SCT). Methods: From 5/00-01/01 the oral microflora...

...Days (d) of examinations: before myeloablative BEAM chemotherapy (d-6), on the day of peripheral blood SCT (d0) and on d6, d14 and d100. All patients received prophylactic ciprofloxacin 500mg bid...

...cultured on different growth media to evaluate aerobes, gram-negative anaerobes and fungi. Severity of mucositis was determined by the Oral Assessment Guide and - using a 0-100 visual analogue scale - oral pain was self-assessed by the patient ; Results: In 11/12 cases a decrease of bacterial and fungal colony forming units occured until d6 (range -72-99%, median 99%). Simultaneously the severity of mucositis and oral pain increased. The remaining flora underwent considerable changes in composition, but these were...
...of the mucosa by any potential oral pathogen was not observed. The percentage of positive fungal cultures increased until d 100 (d -6: 58%, d 100: 86%) Conclusion: Oral mucositis in high-dose chemotherapy appeared to be associated with antineoplastic treatment rather than bacterial or fungal overgrowth. Chemotherapy plus local and systemic antiinfective prophylaxis resulted in changes of oral microflora.

DESCRIPTORS:
...ORGANISMS: patient
...DISEASES: blood and lymphatic disease, immune system disease, neoplastic disease, therapy...

...oral mucositis --
...METHODS & EQUIPMENT: high dose treatment, oral microflora effects, oral mucositis grade effects, therapeutic method, toxicity

16/KWIC/19 (Item 19 from file: 5)

...human granulocyte-macrophage colony stimulating factor (rhGM-CSF) do not improve grade III-IV oropharyngeal mucositis (OM) in patients with hematological malignancies undergoing stem cell transplantation. Results of a randomized double...

...ABSTRACT: recombinant human granulocyte-macrophage colony-stimulating factor (rhGM-CSF) solution improved grade III-IV oropharyngeal mucositis (OM) in patients with hematological malignancies undergoing stem cell transplantation. Forty-one consecutive patients (21...

...for and duration of parenteral nutrition, oral and intravenous analgesic requirements, incidence of viral or fungal oral infections and development of neutropenic fever. No differences were found between the placebo and rhGM-CSF-treated groups regarding overall duration of OM, maximum grade, reduction in at least one grade of OM (nine patients (56%) in group A vs 13 patients (68%) in group B), reduction of spontaneous or swallowing-induced pain, improvement in oral food intake, use of parenteral nutrition...
DESCRIPTORS:
...ORGANISMS: patient
...DISEASES: blood and lymphatic disease, neoplastic disease...

...oropharyngeal mucositis --

16/KWIC/20 (Item 20 from file: 5)

...ABSTRACT: have included cyclosporine (CSA) with methotrexate (MTX) or prednisone (PRED) in R donor and cord blood (CB) transplant, and T - cell depletion or CD-34 positive selection in UR donor transplant. Mucositis and hepatic dysfunction due to MTX and chronic toxicities of PRED limit their use. FK506...

...grade II-IV AGVHD (Hiraoka et al, BMT 2001; 28:181-5; Ratanatharathom et al, Blood 1998; 92:230314). MMF is an antiproliferative agent that inhibits IMDPH and de-novo purine synthesis especially in proliferating lymphocytes. FK506/MMF is effective salvage...
DESCRIPTORS:
...ORGANISMS: adolescent, adult, child, female, male, organ recipient, patient
ORGANISMS: PARTS ETC: cord blood --...

... blood and lymphatics...

...peripheral blood stem cell...

... blood and lymphatics
...DISEASES: blood and lymphatic disease, neoplastic disease, therapy ...

... blood and lymphatic disease, neoplastic disease, therapy...

... blood and lymphatic disease, neoplastic disease, therapy...

... blood and lymphatic disease, immune system disease, neoplastic disease , therapy...

... blood and lymphatic disease, immune system disease, neoplastic disease , therapy...
... fungal disease, toxicity

16/KWIC/21 (Item 21 from file: 5)

Mouth washings with granulocyte-macrophage colony stimulating factor do not improve oropharyngeal mucositis in patients undergoing stem cell marrow transplantation. Results of a randomized prospective double-blind study

ABSTRACT: We have analyzed the potential beneficial effects on oral mucositis (OM) of daily mouth washings with a granulocyte-macrophage colony stimulating factor (rhGM-CSF) solution...

...allogeneic transplant. Bone marrow was the source of hemopoietic progenitors in 11 cases and peripheral blood in the remaining twenty-eight. No significant differences in pre-transplant characteristics were observed between...

...and duration of parenteral nutrition, requirements of oral and intravenous analgesia, incidence of viral or fungal oral infections and development of neutropenic fever were also carefully evaluated. No significant differences were...

...7 days in group A vs 3.6+-1.5 days in B). A 50% reduction of the maximum grade of OM was observed in 6 patients (46%) in group A and in 9 patients (41%) in group B. There were no differences in pain reduction , improvement of oral intake, use of parenteral nutrition or systemic analgesia or incidence of oral...
DESCRIPTORS:
...ORGANISMS: adolescent, adult, female, male, middle age, patient
...ORGANISMS: PARTS ETC: blood and lymphatics, immune system...

...peripheral blood --...

... blood and lymphatics
...DISEASES: blood and lymphatic disease, neoplastic disease, therapy
...

... blood and lymphatic disease, neoplastic disease, therapy...

... blood and lymphatic disease, neoplastic disease, therapy...

...oropharyngeal mucositis --

16/KWIC/22 (Item 22 from file: 5)

...ABSTRACT: an intermediate dose of ara-C. Furthermore, all-trans retinoic acid (ATRA) was shown to reduce the expression of the antiapoptotic protoncogen bcl-2 and to increase ara-C cytotoxicity by...

...observed; eleven pts showed a pneumonia, microbiologically documented in 6 cases; four pts presented deep fungal infections (3 aspergillosis, 1 mucormicosis). As regards extra-hematological toxicity gtoreq2 according to WHO: 2 pts presented with jaundice grade 2 and 6 pts showed a grade 2 mucositis . The CR rate was of 58%, 18 of the 31 evaluable pts (12/16 resistant...
DESCRIPTORS:
...ORGANISMS: adolescent, adult, female, male, middle age, patient
...DISEASES: blood and lymphatic disease, immune system disease, neoplastic disease, drug therapy, mortality, surgery...

... fungal disease, infectious disease, toxicity...

... fungal disease, infectious disease, toxicity...

... mucositis --

16/KWIC/23 (Item 23 from file: 5)

Older patients with high-risk fungal infections can be successfully allografted using non-myeloablative conditioning in combination with intensified supportive care...

ABSTRACT: Leukaemic patients with advanced disease and severe fungal infections as well as older patients with substantial co-morbidity are usually excluded from conventional...

...complete remission (CR1), one AML in 2nd relapse, one AML in CR2 with pre-existing fungal lung infections (two aspergillus, two mucor) and additional co-morbidity (diabetes n = 2, aortic aneurysm...

...after a median of 11.5 d (range 11-13 d). Prophylactic granulocyte transfusions also reduced the need for platelet transfusions and minimized mucositis . All patients were discharged at a median of 25 d (range 18-59 d) and...

...up of > 390 d (range 336-417 d) without evidence of leukaemia. Regression of the fungal lesions was documented in three patients, with a slight progression detected by computerized tomography scan of the chest in one patient . We conclude that pulmonary fungal infections are not a contraindication for allogeneic stem cell transplantation, if non-myeloablative conditioning regimens...
DESCRIPTORS:
...ORGANISMS: elderly, patient
...ORGANISMS: PARTS ETC: blood and lymphatics, immune system, count, recovery
...DISEASES: blood and lymphatic disease, neoplastic disease...

... blood and lymphatic disease, neoplastic disease...

... fungal lung infection...

... fungal disease, respiratory system disease

16/KWIC/24 (Item 24 from file: 5)

Itraconazol oral solution: Dose optimization for fungal prophylaxis in patients with hematological malignancies

...ABSTRACT: capsules (Cp) 2.5mg/Kg bid have been used in our Unit as prophylaxis of fungal infections in patients with hematological malignancies. Our studies indicated that approximately 40% of the patients...

...monitoring. Fifteen patients with hematological malignancies undergoing aplasia-inducing chemotherapy were enrolled in this study. Blood samples were taken before OS administration, at day 7 (presumed steady-state) after starting the...

...the protocol, if diarrhea appeared (the most frequent OS adverse reaction), the IT dose was reduced to 1.25mg/Kg bid. After the first 7 days of treatment, we found an...

...9 (SD = 526.5; CV = 44 %) was obtained after 7 days of treatment with the reduced IT dose. Our data show that therapeutic CF concentrations (greater than 1000 ng/ml) were...
...days. After this period, a large percentage of patients presented diarrhea that subsided when we reduced by 50% the OS dose, with no compromise of the target therapeutic concentration, which favours...

...cyclodextrine (IT solvent), especially in neutropenic patients with iatrogenic absortion disorders, such as hipoacidity and mucositis . In summary, our preliminary results confirm utility of IT therapeutic monitoring in order to prevent...
DESCRIPTORS:
...ORGANISMS: host, patient
DISEASES: fungal infections...

... fungal disease...

... blood and lymphatic disease, neoplastic disease
CHEMICALS & BIOCHEMICALS: ...antifungal-drug, fungal prophylaxis

16/KWIC/25 (Item 25 from file: 5)

Low infectious morbidity after intensive chemotherapy and autologous peripheral blood progenitor cell transplantation in the outpatient setting for women with breast cancer

ABSTRACT: Autologous peripheral blood progenitor cell (PBPC) transplantation is increasingly employed in the outpatient setting, yet data on early...

...mean duration of hospitalization was 3 days. No deaths or serious adverse events occurred. Such reduced infectious morbidity may be a consequence of minimal oral and/or gastrointestinal mucositis associated with the conditioning regimen and broad-spectrum antimicrobial prophylaxis used for this patient population.
DESCRIPTORS:
...ORGANISMS: female, host, patient
...DISEASES: dental and oral disease, fungal disease...
METHODS & EQUIPMENT: autologous peripheral blood progenitor cell transplantation...

16/KWIC/26 (Item 26 from file: 5)

Infectious complications after autologous peripheral blood progenitor cell transplantation followed by G-CSF

ABSTRACT: Infectious complications after autologous peripheral blood progenitor cell transplantation (PBPCT) have been reported in a few studies including small patient numbers. The present study was performed to assess the incidence, types, outcome and factors affecting ...

...5%) had Gram-positive and 13 (36.2%) Gram-negative bacterial infections. There were no fungal infections or infection-related deaths. Mucositis grade II-IV (P = 0.0001; odds ratio 3.4) and >5 days on ANC...

...case of fatal CMV pneumonia (0.8%) and 20 of localized VZV infection (13.3%). Reduction of neutropenia duration with PBPCT and G-CSF is not enough to prevent early infectious complications since only a few days of severe neutropenia and mucositis are related to development of early infections. However, no infection-related deaths were seen. Although...

...variance with what was seen with bone marrow recipients. Efforts should be made to prevent mucositis and neutropenia and identify new strategies of antibacterial prophylaxis.

DESCRIPTORS:
...ORGANISMS: adult, aged, host, middle age, patient
...DISEASES: blood and lymphatic disease
METHODS & EQUIPMENT: autologous peripheral blood progenitor cell transplantation...

16/KWIC/27 (Item 27 from file: 5)

ABSTRACT: Protease inhibitors are an important new class of agents for the treatment of human immunodeficiency virus (HIV) infection. The purpose of our trial was to determine the feasibility of combining the protease inhibitor saquinavir with a 96-hour continuous intravenous infusion of cyclophosphamide (800 mg/M2), doxorubicin (50...

...more days. All patients received saquinavir (600 mg PO TID), filgrastim and Pneumocystis carinii and fungal prophylaxis. Patients also received either stavudine (n = 2) or both stavudine and didanosine (n = 10...

...of the first 12 patients in order to assess toxicity. Severe (grade 3 or 4) mucositis occurred in eight of 12 patients (67%) treated with CDE plus saquinavir compared with three...

...analysis, saquinavir use was the only factor associated with a significantly greater risk of severe mucositis (relative risk 7.9; P = 0.03). Saquinavir use was' not associated with a significant difference in the incidence of febrile neutropenia, prolonged neutropenia, chemotherapy dose reduction , or in the degree of myelosuppression. The decrease in CD4 lymphocytes for patients treated with saquinavir (absolute decrease of 23/muL, or a 26% decrease from baseline) was significantly less than for patients treated without saquinavir in the prior study (absolute decrease of 91/muL, or 42% decrease from baseline; P = 0.05). Four of 10 patients (40%) treated with saquinavir had an...

...none of 25 patients (0%) treated without saquinavir (P < 0.001). Combination of the protease inhibitor saquinavir with infusional CDE in patients with HIV-associated lymphoma was associated with a significant increase in the incidence of severe mucositis . This finding suggests that saquinavir may alter the metabolism of one of more of the...

...CDE regimen, and underscores the need for careful investigation

regarding the use of the protease inhibitors in patients receiving chemotherapy.
DESCRIPTORS:
...ORGANISMS: patient ;
...DISEASES: blood and lymphatic disease, viral disease, neoplastic disease, drug treatment
CHEMICALS & BIOCHEMICALS: ...antineoplastic-drug, antiviral-drug, mucosal toxicity, combination therapy, protease inhibitor

16/KWIC/28 (Item 1 from file: 24)

Chronic Sinusitis: Defective T - Cells Responding to Superantigens, Treated by Reduction of Fungi in the Nose and Air

ABSTRACT:
In this study, the author used endoscopic sinus photography to study the effects of reduction of fungi in the nose, and in environmental air, on the sinus mucosa of 639 patients diagnosed with chronic rhinosinusitis . Sinus mucosal photographs were taken before and after reduction of fungal load in the nose and air, to determine if there was an optimum environmental air fungal load associated with sinus mucosal recovery to normal appearance. Systemic symptoms associated with fungal exposure, which resolved when fungus was removed from the patient and the environmental air and reappeared with recurrent environmental fungal exposure, are also discussed and are termed systemic fungal symptoms. Interventions consisted of nasal fungal load reduction with normal saline nasal irrigations and antimicrobial nasal sprays, and environmental air fungal load reduction with high-efficiency particulate air (HEPA) filtration in combination with ionizers or evaporation of a...

...of botanical extract. Main outcome measures were obtained with environmental air 1-hr gravity-plate fungal colony counts, laser air particle counts, and endoscopic sinus photography. Blood levels of immunoglobulins IgG and IgE for 7 common molds were also determined. After intervention, 94% of patients who used antimicrobial nasal sprays and who reduced their environmental fungal air count to 0-4 colonies per 1-hr agar gravity-plate exposure (n = 365) exhibited normal sinus mucosa by endoscopic exam. Environmental air fungal counts that exceeded 4 colonies resulted in sinus mucosal abnormalities ranging from edema, to pus...

...and a review of the current literature, the author hypothesizes that the pathogenesis of chronic rhinosinusitis , allergic fungal sinusitis, and systemic fungal symptoms is a genetic defect at the variable beta chain helper T - cell receptor (TCR V beta) site which requires the presence of an antigen (fungus). Chronic sinusitis patients who have recurring exposure to environmental air that contains fungal concentrations in excess of 4 colonies per 1-hr agar plate exposure appear to have...

16/KWIC/29 (Item 1 from file: 34)

Title: Chemotherapy-induced and/or radiation therapy-induced oral mucositis - Complicating the treatment of cancer
Abstract: The term mucositis is coined to describe the adverse effects of radiation and chemotherapy treatments. Mucositis is one of the most common adverse reactions encountered in radiation therapy for head and ...

...with drugs affecting DNA synthesis (S-phase-specific agents such as fluorouracil, methotrexate, and cytarabine). Mucositis may limit the

patient 's ability to tolerate chemotherapy or radiation therapy, and nutritional status is compromised. It may drastically affect cancer treatment as well as the patient 's quality of life. The incidence and severity of mucositis will vary from patient to patient . It will also vary from treatment to treatment. It is estimated that there is 40% incidence of mucositis in patients treated with standard chemotherapy and this will not only increase with the number...

...marrow transplantation and who receive high doses of chemotherapy have a 76% chance of getting mucositis . Patients receiving radiation, in particular to head and neck cancers, have a 30% to 60...
...development is not known, but it is thought to be divided into direct and indirect mucositis . Chemotherapy and/or radiation therapy will interfere with the normal turnover of epithelial, cells leading...

...injury; subsequently, it can also occur due to indirect invasion of Gram-negative bacteria and fungal species because most of the cancer drugs will cause changes in blood counts. With the advancement in cytology, a more precise mechanism has been established. With this understanding, we can select and target particular mediators responsible for the mucositis . Risk factors such as age, nutritional status, type of malignancy, and oral care during treatment will play important roles in the development of mucositis . Many treatment options are available to prevent and treat this condition, but none of them can completely prevent or treat mucositis . More and more pathological methods are being developed to understand this condition so that better therapeutic regimens can be selected. Emphasis also should be made in assessing the patient 's psychologic condition, particular depressive disorders. This is important because treatment with antidepressants will not only contribute in lifting depression but also reduces pain somatization. Although mucositis is rarely life-threatening, it will interfere with treatment of cancer to a great extent.
...Identifiers--COLONY-STIMULATING FACTOR; GROWTH-FACTOR; NECK-CANCER; ULCERATIVE MUCOSITIS ; PHASE-I; PREVENTION; TRIAL; HEAD; FLUOROURACIL; MALIGNANCIES

16/KWIC/30 (Item 2 from file: 34)

...Abstract: nystatin oral suspension, q.i.d. The study continued to day 21 or until the patient was discharge from the hospital or withdrawn from the study. Oral examinations were conducted twice...

...counts and species identification. Candida isolates were assessed for resistance to the oral antifungal agents. Blood was collected for assessment of amphotericin B levels. Results and discussion. Ulcerative mucositis occurred in 84.6% of patients undergoing HCT, and no correlation was observed between the severity of mucositis and the presence of oral Candida and the severity of mucositis . Systemic and topical antifungal treatment resulted in a decrease in the number of colonized patients (54.8% before treatment; 23.1% during treatment); however...
...Identifiers--PATIENTS; HUMAN-IMMUNODEFICIENCY-VIRUS; RESISTANT CANDIDA-ALBICANS; ACUTE-LEUKEMIA; OROPHARYNGEAL CANDIDIASIS; NEUTROPENIC PATIENTS; NYSTATIN PROPHYLAXIS; FUNGAL -INFECTIONS

16/KWIC/31 (Item 3 from file: 34)

Title: Chronic sinusitis: Defective T - cells responding to

superantigens, treated by reduction of fungi in the nose and air
Abstract: In this study, the author used endoscopic sinus photography to study the effects of reduction of fungi in the nose, and in environmental air, on the sinus mucosa of 639 patients diagnosed with chronic rhinosinusitis . Sinus mucosal photographs were taken before and after reduction of fungal load in the nose and air, to determine if there was an optimum environmental air fungal load associated with sinus mucosal recovery to normal appearance. Systemic symptoms associated with fungal exposure, which resolved when fungus was removed from the patient and the environmental air and reappeared with recurrent environmental fungal exposure, are also discussed and are termed systemic fungal symptoms. Interventions consisted of nasal fungal0 load reduction with normal saline nasal irrigations and antimicrobial nasal sprays, and environmental air fungal load reduction with high-efficiency particulate air (HEPA) filtration in combination with ionizers or evaporation of a...

...of botanical extract. Main outcome measures were obtained with environmental air 1-hr gravity-plate fungal colony counts, laser air particle counts, and endoscopic sinus photography. Blood levels of immunoglobulins IgG and IgE for 7 common molds were also determined. After intervention, 94% of patients who used antimicrobial nasal sprays and who reduced their environmental fungal air count to 0-4 colonies per 1-hr agar gravity-plate exposure (n = 365) exhibited normal sinus mucosa by endoscopic exam. Environmental air fungal counts that exceeded 4 colonies resulted in sinus mucosal abnormalities ranging from edema, to pus...

...and a review of the current literature, the author hypothesizes that the pathogenesis of chronic rhinosinusitis , allergic fungal sinusitis, and systemic fungal symptoms is a genetic defect at the variable beta chain helper T - cell receptor (TCR Vbeta) site which requires the presence of an antigen (fungus). Chronic sinusitis patients who have recurring exposure to environmental air that contains fungal concentrations in excess of 4 colonies per 1-hr agar plate exposure appear to have...

16/KWIC/32 (Item 4 from file: 34)

...Abstract: is almost invariably associated with severe infections and also with recurrent infections, both bacterial and fungal . Other parts of the immune system are always affected. B- and T - cell deficiencies may be present for months and even years after cytoreductive therapy, affecting the defence...

...Pneumocystis carinii. Parallel to the neutropenia there is more or less injury to mucous membranes, mucositis , permitting increased translocation of bacteria from the gastrointestinal tract to the blood . The course of bacteraemia may be fulminant but focal symptoms may be discrete or atypical...

...alpha-streptococci are most commonly involved. The initiation of empiric therapy immediately when a neutropenic patient gets fever is today a cornerstone in the management of neutropenic fever and has dramatically reduced a previously very high mortality rate. The patients must be closely monitored and changes in...

...and therapy may be complicated. Severe viral infections are seen in patients treated with especially T - cell toxic regimens, such as those used for bone marrow transplant recipients. Herpes viruses are most...

...take 18-48 h before being reported and susceptibility report another 24-48 h. For fungal and many viral infections both low sensitivity for identification and the delay of diagnosis are...

16/KWIC/33 (Item 5 from file: 34)

Title: Infectious complications after autologous peripheral blood progenitor cell transplantation followed by G-CSF

Abstract: Infectious complications after autologous peripheral blood progenitor cell transplantation (PBPCT) have been reported in a few studies including small patient numbers. The present study was performed to assess the incidence, types, outcome and factors affecting ...

...5%) had Gram-positive and 13 (36.2%) Gram-negative bacterial infections. There were no fungal infections or infection-related deaths, Mucositis grade II-IV (P = 0.0001; odds ratio 3.4) and >5 days on ANC ...

...case of fatal CMV pneumonia (0.8%) and 20 of localized VZV infection (13.3%), Reduction of neutropenia duration with PBPCT and G-CSF is not enough to prevent early infectious complications since only a few days of severe neutropenia and mucositis are related to development of early infections. However, no infection-related deaths were seen. Although...

...variance with what was seen with bone marrow recipients, Efforts should be made to prevent mucositis and neutropenia and identify new strategies of antibacterial prophylaxis.

...Identifiers--BONE-MARROW TRANSPLANTATION; HIGH-DOSE CHEMOTHERAPY; CYTOMEGALOVIRUS-INFECTION; FUNGAL -INFECTIONS; CANCER-PATIENTS; RISK-FACTORS; RECIPIENTS; RECOVERY; LEUKEMIA; PROPHYLAXIS

16/KWIC/34 (Item 6 from file: 34)

...Abstract: the development of invasive infections, other factors such as the presence of catheters, cytotoxic chemotherapy, mucositis , infection history, microbial colonisation and the concomitant immune dysfunction, also play a major role in...

...high risk patients, such as those with anticipated profound and prolonged neutropenia, severe post chemotherapy mucositis and the presence of long-term intravenous catheters. For all other risk categories, cost benefit...

...cost-effective and usually well tolerated alternative to combination therapy. However, close monitoring of the patient 's response is essential.

Early empirical antifungal therapy also remains one of the prerequisites for...

...urgently needed.

In the future haematopoietic growth factors and other new techniques, such as peripheral blood progenitor cell transplantations, are likely to play a role in the early prophylaxis and management...

...Research Fronts: FACTOR; HEMATOPOIETIC CYTOKINES; HIGH-DOSE CHEMOTHERAPY; CLINICAL BONE-MARROW TRANSPLANTATION)
93-0741 001 (BETA-LACTAMASE INHIBITOR BRL-42715; PIPERACILLIN TAZOBACTAM; CLAVULANIC ACID; IN-VITRO ACTIVITY; SUSCEPTIBILITY TESTING; SHIGELLA-FLEXNERI UCSF-129...

...MARROW TRANSPLANT RECIPIENTS; CYTOMEGALOVIRUS DISEASE; GANCICLOVIR PROPHYLAXIS)
93-1804 001 (VANCOMYCIN-RESISTANT ENTEROCOCCUS-FAECIUM; NOSOCOMIAL BLOOD -STREAM ISOLATES; IN-VITRO ACTIVITY; ANTIMICROBIAL SUSCEPTIBILITY; UNITED-STATES HOSPITALS)
93-4751 001 (PNEUMOCYSTIS-CARINII...

...CANCER-PATIENTS; BONE-MARROW TRANSPLANTATION; AEROSOLIZED PENTAMIDINE)
93-5980 001 (FLUCONAZOLE PROPHYLAXIS; ORAL CANDIDA; INVASIVE FUNGAL -INFECTIONS; ANTIFUNGAL SUSCEPTIBILITY TESTING; MANAGEMENT OF FEVER; IMMUNOCOMPROMISED PATIENT)

16/KWIC/35 (Item 1 from file: 45)

...such as asthma, wheezing and rhino sinusitis. Stachybotrys produces trichothecenes and other mycotoxins, which can inhibit protein synthesis and induce hemorrhaging disorders. Indoor mold exposure can alter immunological factors and produce allergic reactions. Several studies have indicated that indoor mold exposure can alter brain blood flow, autonomic nerve function, and brain waves, and worsen concentration, attention, balance and memory. Failure...
DESCRIPTORS:
*mycotoxin; *Penicillium; *Cladosporium; *air quality; *Stachybotrys; * asthma; *lung hemorrhage; *Aspergillus; *ambient air; * fungus ; * neurotoxicity; *Alternaria; *allergy; *health
trichothecene derivative; exposure; human; health hazard; patient ; MEDLINE; wheezing; rhinosinusitis ; reproductive toxicity; priority journal; nephrotoxicity; indoor air pollution; risk assessment; nerve function; injury; diabetes mellitus; memory; electroencephalogram; autonomic nerve; allergic reaction; protein synthesis; brain blood flow; reading; data base; general aspects of disease; food; eating

16/KWIC/36 (Item 2 from file: 45)

...nystatin oral suspension, q.i.d. The study continued to day 21 or until the patient was discharge from the hospital or withdrawn from the study. Oral examinations were conducted twice...

...counts and species identification. Candida isolates were assessed for resistance to the oral antifungal agents. Blood was collected for assessment of amphotericin B levels. Results and discussion: Ulcerative mucositis occurred in 84.6% of patients undergoing HCT, and no correlation was observed between the severity of mucositis and the presence of oral Candida and the severity of mucositis . Systemic and topical antifungal treatment resulted in a decrease in the number of colonized patients (54.8% before treatment; 23.1% during treatment); however...
DESCRIPTORS:
*polyene; * patient ; *hematopoietic cell; *transplantation
amphotericin B; nystatin; antifungal agent; fluconazole; polyene antibiotic agent; Candida; mucosa inflammation; drug formulation; taste; fungus culture; fungus identification; prophylaxis; priority journal; infusion; fungus isolation; gargle; gastrointestinal symptom; hematopoietic stem cell transplantation; human; infection control; infection prevention; male;

phase 4 clinical trial; mouth examination; mouth ulcer; nausea; nonhuman; open study; outcomes research; patient compliance; randomized controlled trial; vomiting; prevention; drug dose regimen; correlation analysis; blood ; absorption; blood level; hospital patient ; adult; antibiotic resistance; antibiotic sensitivity; clinical article; clinical trial; controlled study; species identification; diarrhea; disease severity; drug absorption; drug blood level; drug effect; drug efficacy; examination; drug tolerability; female; hospital

16/KWIC/37 (Item 3 from file: 45)

...are receiving myelosuppressive chemotherapy? Perspectives: Patients with cancer who are treated with myelosuppressive chemotherapy experience reduced white blood cell (WBC) counts. As a result, they may acquire clinically important infections that require hospitalisation and antibiotic...

...Such toxicity may compromise the dose of chemotherapy that can safely be administered and, potentially, reduce antitumour efficacy. Colony-stimulating factors enhance the activity of normal neutrophils, the production of neutrophils in bone marrow, and the release of neutrophils into the peripheral blood . By maintaining neutrophil count in the face of myelosuppressive treatment, CSF theoretically reduce the frequency of serious infectious complications. They may also allow full-dose chemotherapy to be...

...neutropenic fever is insufficient to justify routine use of CSF as primary prophylaxis. If a patient experiences an episode of febrile neutropenia or prolonged neutropenia, chemotherapy dose reductions or delays (separately or together) remain the standard initial approach. Use of CSF is reasonable to avoid multiple dose reductions or delays in circumstances in which randomised controlled trials have shown improved survival with maintenance...

...free, and overall survival. 3. Although data are limited, use of CSF is reasonable to reduce duration of fever, antibiotic use, or hospitalisation in patients with febrile neutropenia. Further studies are ...

...issue deserves further study. 6. Preliminary evidence exists that CSF helps to prevent or treat mucositis ; however, the Systemic Treatment DSG felt that the data were insufficient to make a recommendation...

...from cost-analysis studies not specific to the Canadian health care system. Use of CSF reduces the risk of febrile neutropenia associated with standard-dose chemotherapy; however, data are inconclusive as to whether quality of life is significantly improved by CSF use. Although reduced hospitalisation and antibiotic use may be assumed to improve quality of life, dose maintenance with CSF use may result in the emergence of other significant toxicities that can reduce quality of life (for example, mucositis , anaemia, thrombocytopoenia, or neuropathies). The inconvenience of daily CSF injections and the costs involved are...

...low. Many patients still derive clinical benefit from chemotherapy even with the commonly allowed dose reductions and delays. Therefore, given the available data, defining a cut-off point for acceptable dose reduction or delay before CSF is introduced as secondary prophylaxis is not possible. Many patients with...

...for example, profound neutropenia (absolute neutrophil count < 100/muL), pneumonia, hypotension, multiorgan dysfunction, or invasive fungal

infection. The efficacy of CSF may be limited in patients with febrile neutropenia or documented...
DESCRIPTORS:
*colony stimulating factor; *chemotherapy; *cancer; *hospital patient ...doxorubicin; docetaxel; folinate calcium; cyclophosphamide; dacarbazine; dexamethasone; cotrimoxazole; cisplatin; ciprofloxacin; carboplatin; cerebrospinal fluid; febrile neutropenia; patient ; risk; quality of life; neutrophil; toxicity; fever; drug dose reduction ; mucosa inflammation; solid; neutropenia; prophylaxis; overall survival; practice guideline; sepsis; hypotension; pneumonia; randomized controlled trial...

...multiple organ failure; lethargy; malaise; limb pain; leukocytosis; injection pain; hypoglycemia; hypersensitivity reaction; human; MEDLINE; leukocyte count; treatment outcome; urticaria; sensory dysfunction; thrombocytopenia; vomiting; thorax pain; tachycardia; solid tumor; skin disease...

...comparative study; survival; multiple drug dose; Cochrane Library; methodology; tumor; infectious complication; data base; cancer patient ; granulocyte; bone marrow; blood ; backache; flu like syndrome; erythema; dyspepsia; clinical trial; diarrhea; carcinoma; bone pain; biosafety

16/KWIC/38 (Item 4 from file: 45)
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Medical treatment of allergic fungal sinusitis

Learning objectives: This review of allergic fungal sinusitis (AFS) will enable the reader to (1) differentiate AFS from the other forms of fungal sinusitis, (2) understand AFS pathophysiology, (3) recognize AFS clinical presentation, (4) prepare an effective treatment...

...diagnostic and treatment pitfalls. Data sources: All English language MEDLINE articles that cross-referenced allergy, fungal , and sinusitis from 1983-present. Other MESH words referenced included: antibodies, fungal ; fungus diseases; IgE; spores, fungal ; rhinosinusitis . Additional referenced articles, published abstracts, and conference proceedings were also utilized. Study selection: All case reports, studies, and review articles. Results: Allergic fungal sinusitis is a distinct form of non-invasive fungal sinusitis. It is under-diagnosed, and incidence varies by region. Dematiaceous fungi predominate. In the southwestern United States, Bipolaris spicifera is the most common cause. Patients present with nasal polyps, rhinosinusitis , and occasionally proptosis. CT scans show hypertrophic sinusitis and often hyperattenuating allergic mucin within the...
...common. Surgical histopathology shows eosinophilic-lymphocytic mucosal inflammation and inspissated allergic mucin containing non-invasive fungal hyphae. All patients are atopic and have positive allergy skin tests to the AFS organism...

...requires surgery, postoperative oral corticosteroids (OCS), and aggressive allergy management including allergen immunotherapy. Oral corticosteroids reduce disease activity and forestall the need for recurrent sinus surgery. Postoperative changes in total serum...

...sinus surgery for recurrence, together with aggressive medical management, gives the best outcome. Conclusions: Allergic fungal sinusitis is a new allergic disorder with recognizable clinical and histopathologic findings. Treatment requires aggressive...
DESCRIPTORS:
immunoglobulin E; corticosteroid; mucin; allergen; fungus antibody; allergy; surgery; serum; patient ; immunotherapy; fungus ;

pathophysiology; computer assisted tomography; rhinosinusitis ; bronchopulmonary aspergilloma; clinical feature; differential diagnosis; immunoglobulin blood level; mucosa inflammation; mycosis; postoperative care; priority journal; MEDLINE; skin test; language; exophthalmos; disease activity; recurrent disease; medical specialist; fungus spore; skin allergy; learning; reading; follow up; diagnosis; nose polyp; case report; United States; histopathology; inflammation; fungus hyphae; monitoring; surgeon

16/KWIC/39 (Item 1 from file: 71)

Chemotherapy-induced and/or radiation therapy-induced oral mucositis - Complicating the treatment of cancer

The term mucositis is coined to describe the adverse effects of radiation and chemotherapy treatments. Mucositis is one of the most common adverse reactions encountered in radiation therapy for head and...

...with drugs affecting DNA synthesis (S-phase-specific agents such as fluorouracil, methotrexate, and cytarabine). Mucositis may limit the patient 's ability to tolerate chemotherapy or radiation therapy, and nutritional status is compromised. It may drastically affect cancer treatment as well as the patient 's quality of life. The incidence and severity of mucositis will vary from patient to patient . It will also vary from treatment to treatment. It is estimated that there is 40% incidence of mucositis in patients treated with standard chemotherapy and this will not only increase with the number...

...marrow transplantation and who receive high doses of chemotherapy have a 76% chance of getting mucositis . Patients receiving radiation, in particular to head and neck cancers, have a 30% to 60...
...development is not known, but it is thought to be divided into direct and indirect mucositis . Chemotherapy and/or radiation therapy will interfere with the normal turnover of epithelial, cells leading...

...injury; subsequently, it can also occur due to indirect invasion of Gram-negative bacteria and fungal species because most of the cancer drugs will cause changes in blood counts. With the advancement in cytology, a more precise mechanism has been established. With this understanding, we can select and target particular mediators responsible for the mucositis . Risk factors such as age, nutritional status, type of malignancy, and oral care during treatment will play important roles in the development of mucositis . Many treatment options are available to prevent and treat this condition, but none of them can completely prevent or treat mucositis . More and more pathological methods are being developed to understand this condition so that better therapeutic regimens can be selected. Emphasis also should be made in assessing the patient 's psychologic condition, particular depressive disorders. This is important because treatment with antidepressants will not only contribute in lifting depression but also reduces pain somatization. Although mucositis is rarely life-threatening, it will interfere with treatment of cancer to a great extent.
DESCRIPTORS:
Mucositis ; Head and neck cancers; Cell viability; Somatization; Chemotherapy

16/KWIC/40 (Item 2 from file: 71)

Chronic Sinusitis: Defective T - Cells Responding to Superantigen Treated

Untitled
by Reduction of Fungi in the Nose and Air

In this study, the author used endoscopic sinus photography to study the effects of reduction of fungi in the nose, and in environmental air, on the sinus mucosa of 639 patients diagnosed with chronic rhinosinusitis . Sinus mucosal photographs were taken before and after reduction of fungal load in the nose and air, to determine if there was an optimum environmental air fungal load associated with sinus mucosal recovery to normal appearance. Systemic symptoms associated with fungal exposure, which resolved when fungus was removed from the patient and the environmental air and reappeared with recurrent environmental fungal exposure, are also discussed and are termed systemic fungal symptoms. Interventions consisted of nasal fungal load reduction with normal saline nasal irrigations and antimicrobial nasal sprays, and environmental air fungal load reduction with high-efficiency particulate air (HEPA) filtration in combination with ionizers or evaporation of a...

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DESCRIPTORS:
Allergic fungal sinusitis; Mold; Rhinosinusitis ; Sinusitis; Superantigen; T - cell receptor

16/KWIC/41 (Item 3 from file: 71)

...is almost invariably associated with severe infections and also with recurrent infections, both bacterial and fungal . Other parts of the immune system are always affected. B- and T - cell deficiencies may be present for months and even years after cytoreductive therapy, affecting the defence...

...Pneumocystis carinii. Parallel to the neutropenia there is more or less injury to mucous membranes, mucositis , permitting increased translocation of bacteria from the gastrointestinal tract to the blood . The course of bacteraemia may be fulminant but focal symptoms may be discrete or atypical ...

...alpha-streptococci are most commonly involved. The initiation of empiric therapy immediately when a neutropenic patient gets fever is today a cornerstone in the management of neutropenic fever and has dramatically reduced a previously very high mortality rate. The patients must be closely monitored and changes in...

...and therapy may be complicated. Severe viral infections are seen in patients treated with especially T - cell toxic regimens, such as those

used for bone marrow transplant recipients. Herpes viruses are most...
...take 18-48 h before being reported and susceptibility report another 24-48 h. For fungal and many viral infections both low sensitivity for identification and the delay of diagnosis are...

16/KWIC/42 (Item 4 from file: 71)

Infectious complications after autologous peripheral blood progenitor cell transplantation followed by G-CSF

Infectious complications after autologous peripheral blood progenitor cell transplantation (PBPCT) have been reported in a few studies including small patient numbers. The present study was performed to assess the incidence, types, outcome and factors affecting...

...5%) had Gram-positive and 13 (36.2%) Gram-negative bacterial infections. There were no fungal infections or infection-related deaths. Mucositis grade II-IV (P = 0.0001; odds ratio 3.4) and > 5 days on ANC...

...case of fatal CMV pneumonia (0.8%) and 20 of localized VZV infection (13.3%). Reduction of neutropenia duration with PBPCT and G-CSF is not enough to prevent early infectious complications since only a few days of severe neutropenia and mucositis are related to development of early infections. However, no infection-related deaths were seen. Although...

...variance with what was seen with bone marrow recipients. Efforts should be made to prevent mucositis and neutropenia and identify new strategies of antibacterial prophylaxis.

DESCRIPTORS:
Infections; Peripheral blood progenitor cell transplantation; Mucositis ; Neutropenia; Antimicrobial prophylaxis

16/KWIC/43 (Item 1 from file: 73)

Chemotherapy-induced and/or radiation therapy-induced oral mucositis - Complicating the treatment of cancer

The term mucositis is coined to describe the adverse effects of radiation and chemotherapy treatments. Mucositis is one of the most common adverse reactions encountered in radiation therapy for head and...

...with drugs affecting DNA synthesis (S-phase-specific agents such as fluorouracil, methotrexate, and cytarabine). Mucositis may limit the patient 's ability to tolerate chemotherapy or radiation therapy, and nutritional status is compromised. It may drastically affect cancer treatment as well as the patient 's quality of life. The incidence and severity of mucositis will vary from patient to patient . It will also vary from treatment to treatment. It is estimated that there is 40% incidence of mucositis in patients treated with standard chemotherapy and this will not only increase with the number...

...marrow transplantation and who receive high doses of chemotherapy have a 76% chance of getting mucositis . Patients receiving radiation, in particular to head and neck cancers, have a 30% to 60...
...development is not known, but it is thought to be divided into direct and indirect mucositis . Chemotherapy and/or radiation therapy will interfere with the normal turnover of epithelial, cells leading...

...injury; subsequently, it can also occur due to indirect invasion of Gram-negative bacteria and fungal species because most of the cancer drugs will cause changes in blood counts. With the advancement in cytology, a more precise mechanism has been established. With this understanding, we can select and target particular mediators responsible for the mucositis . Risk factors such as age, nutritional status, type of malignancy, and oral care during treatment will play important roles in the development of mucositis . Many treatment options are available to prevent and treat this condition, but none of them can completely prevent or treat mucositis . More and more pathological methods are being developed to understand this condition so that better therapeutic regimens can be selected. Emphasis also should be made in assessing the patient 's psychologic condition, particular depressive disorders. This is important because treatment with antidepressants will not only contribute in lifting depression but also reduces pain somatization. Although mucositis is rarely life-threatening, it will interfere with treatment of cancer to a great extent.
MEDICAL DESCRIPTORS:
...quality of life; disease severity; morbidity; bone marrow transplantation; pathophysiology; turnover time; Gram negative bacterium; fungus ; blood cell count ; cytology; risk factor; disease course; depression; cell viability; cell differentiation; epithelium cell; cell...

16/KWIC/44 (Item 2 from file: 73)

...nystatin oral suspension, q.i.d. The study continued to day 21 or until the patient was discharge from the hospital or withdrawn from the study. Oral examinations were conducted twice...

...counts and species identification. Candida isolates were assessed for resistance to the oral antifungal agents. Blood was collected for assessment of amphotericin B levels. Results and discussion: Ulcerative mucositis occurred in 84.6% of patients undergoing HCT, and no correlation was observed between the severity of mucositis and the presence of oral Candida and the severity of mucositis . Systemic and topical antifungal treatment resulted in a decrease in the number of colonized patients (54.8% before treatment; 23.1% during treatment); however...
MEDICAL DESCRIPTORS:
infection prevention; Candida; suspension; drug dose regimen; mouth examination; patient compliance; fungus culture; fungus identification; fungus isolation; antibiotic resistance; drug blood level; mucosa inflammation; mouth ulcer; disease severity; correlation analysis; gargle; drug absorption; taste; antibiotic sensitivity...

16/KWIC/45 (Item 3 from file: 73)

Chronic Sinusitis: Defective T - Cells Responding to Superantigen Treated by Reduction of Fungi in the Nose and Air

In this study, the author used endoscopic sinus photography to study the effects of reduction of fungi in the nose, and in environmental air, on the sinus mucosa of 639 patients diagnosed with chronic rhinosinusitis . Sinus mucosal photographs were taken before and after reduction of fungal load in the nose and air, to determine if there was an optimum environmental air fungal load associated with sinus mucosal recovery to normal appearance. Systemic symptoms associated with fungal exposure, which resolved when fungus was removed from the patient and the environmental air and reappeared with recurrent environmental fungal exposure, are also discussed and are termed systemic fungal symptoms.

Interventions consisted of nasal fungal load reduction with normal saline nasal irrigations and antimicrobial nasal sprays, and environmental air fungal load reduction with high-efficiency particulate air (HEPA) filtration in combination with ionizers or evaporation of a...

...of botanical extract. Main outcome measures were obtained with environmental air 1-hr gravity-plate fungal colony counts, laser air particle counts, and endoscopic sinus photography. Blood levels of immunoglobulins IgG and IgE for 7 common molds were also determined. After intervention, 94% of patients who used antimicrobial nasal sprays and who reduced their environmental fungal air count to 0-4 colonies per 1-hr agar gravity-plate exposure (n = 365) exhibited normal sinus mucosa by endoscopic exam. Environmental air fungal counts that exceeded 4 colonies resulted in sinus mucosal abnormalities ranging from edema, to pus...

...and a review of the current literature, the author hypothesizes that the pathogenesis of chronic rhinosinusitis , allergic fungal sinusitis, and systemic fungal symptoms is a genetic defect at the variable beta chain helper T - cell receptor (TCR Vbeta) site which requires the presence of an antigen (fungus). Chronic sinusitis patients who have recurring exposure to environmental air that contains fungal concentrations in excess of 4 colonies per 1-hr agar plate exposure appear to have...
MEDICAL DESCRIPTORS:
* rhinosinusitis --drug therapy--dt; * rhinosinusitis --etiology--et; * rhinosinusitis --surgery--su; *chronic sinusitis--drug therapy--dt; * chronic sinusitis--etiology--et; *chronic sinusitis--surgery--su; *T lymphocyte; * fungus
...photography; paranasal sinus; symptomatology; environmental exposure; lavage; aerosol; particulate matter; filtration; ionization; evaporation; outcomes research; fungus culture; antibody blood level; allergic disease--drug therapy--dt; allergic disease--etiology--et; allergic disease --surgery--su; pathogenesis...

16/KWIC/46 (Item 4 from file: 73)

...are receiving myelosuppressive chemotherapy? Perspectives: Patients with cancer who are treated with myelosuppressive chemotherapy experience reduced white blood cell (WBC) counts. As a result, they may acquire clinically important infections that require hospitalisation and antibiotic...

...Such toxicity may compromise the dose of chemotherapy that can safely be administered and, potentially, reduce antitumour efficacy.
Colony-stimulating factors enhance the activity of normal neutrophils, the production of neutrophils in bone marrow, and the release of neutrophils into the peripheral blood . By maintaining neutrophil count in the face of myelosuppressive treatment, CSF theoretically reduce the frequency of serious infectious complications. They may also allow full-dose chemotherapy to be...

...neutropenic fever is insufficient to justify routine use of CSF as primary prophylaxis. If a patient experiences an episode of febrile neutropenia or prolonged neutropenia, chemotherapy dose reductions or delays (separately or together) remain the standard initial approach. Use of CSF is reasonable to avoid multiple dose reductions or delays in circumstances in which randomised controlled trials have shown improved survival with maintenance...

...free, and overall survival. 3. Although data are limited, use of CSF is reasonable to reduce duration of fever, antibiotic use, or hospitalisation in patients with febrile neutropenia. Further studies are

...

...issue deserves further study. 6. Preliminary evidence exists that CSF helps to prevent or treat mucositis ; however, the Systemic Treatment DSG felt that the data were insufficient to make a recommendation...

...from cost-analysis studies not specific to the Canadian health care system. Use of CSF reduces the risk of febrile neutropenia associated with standard-dose chemotherapy; however, data are inconclusive as to whether quality of life is significantly improved by CSF use. Although reduced hospitalisation and antibiotic use may be assumed to improve quality of life, dose maintenance with CSF use may result in the emergence of other significant toxicities that can reduce quality of life (for example, mucositis , anaemia, thrombocytopoenia, or neuropathies). The inconvenience of daily CSF injections and the costs involved are...

...low. Many patients still derive clinical benefit from chemotherapy even with the commonly allowed dose reductions and delays. Therefore, given the available data, defining a cut-off point for acceptable dose reduction or delay before CSF is introduced as secondary prophylaxis is not possible. Many patients with...

...for example, profound neutropenia (absolute neutrophil count < 100/muL), pneumonia, hypotension, multiorgan dysfunction, or invasive fungal infection. The efficacy of CSF may be limited in patients with febrile neutropenia or documented...

16/KWIC/47 (Item 5 from file: 73)

...is almost invariably associated with severe infections and also with recurrent infections, both bacterial and fungal . Other parts of the immune system are always affected. B- and T - cell deficiencies may be present for months and even years after cytoreductive therapy, affecting the defence...

...Pneumocystis carinii. Parallel to the neutropenia there is more or less injury to mucous membranes, mucositis , permitting increased translocation of bacteria from the gastrointestinal tract to the blood . The course of bacteraemia may be fulminant but focal symptoms may be discrete or atypical ...

...alpha-streptococci are most commonly involved. The initiation of empiric therapy immediately when a neutropenic patient gets fever is today a cornerstone in the management of neutropenic fever and has dramatically reduced a previously very high mortality rate. The patients must be closely monitored and changes in...

...and therapy may be complicated. Severe viral infections are seen in patients treated with especially T - cell toxic regimens, such as those used for bone marrow transplant recipients. Herpes viruses are most...
...take 18-48 h before being reported and susceptibility report another 24-48 h. For fungal and many viral infections both low sensitivity for identification and the delay of diagnosis are...

16/KWIC/48 (Item 6 from file: 73)

Infectious complications after autologous peripheral blood progenitor cell transplantation followed by G-CSF

Infectious complications after autologous peripheral blood progenitor cell transplantation (PBPCT) have been reported in a few studies including small patient numbers. The present study was performed to assess the incidence, types, outcome and factors affecting...

...5%) had Gram-positive and 13 (36.2%) Gram-negative bacterial infections. There were no fungal infections or infection-related deaths. Mucositis grade II-IV (P = 0.0001; odds ratio 3.4) and > 5 days on ANC...

...case of fatal CMV pneumonia (0.8%) and 20 of localized VZV infection (13.3%). Reduction of neutropenia duration with PBPCT and G-CSF is not enough to prevent early infectious complications since only a few days of severe neutropenia and mucositis are related to development of early infections. However, no infection-related deaths were seen. Although...

...variance with what was seen with bone marrow recipients. Efforts should be made to prevent mucositis and neutropenia and identify new strategies of antibacterial prophylaxis.

16/KWIC/49 (Item 7 from file: 73)

Evaluation and treatment of allergic fungal sinusitis. II. Treatment and follow-up

Background: Previous allergic fungal sinusitis case reports have speculated that oral corticosteroids might reduce the severity of disease and possibly forestall the high rate of recurrent sinus surgery. Objectives: Our objective was to comprehensively review 67 consecutive cases of allergic fungal sinusitis for their response to treatment and the utility of monitoring patient serologies during clinical follow-up. Methods: Allergic fungal sinusitis cases from a private practice were evaluated and treated with consistent diagnostic criteria and...

...corticosteroids is described. Results: The total serum IgE was found to correlate with the clinical rhinosinusitis severity (P = .0002). The fungal -specific IgG also correlated with clinical rhinosinusitis severity but less rigorously (P = .004). An increase of 10% or more in total serum...

...dosing regimen. Conclusions: Postoperative oral corticosteroids appear to be an effective treatment option for allergic fungal sinusitis, and monitoring of total serum IgE can be helpful in the clinical follow-up...
MEDICAL DESCRIPTORS:
follow up; disease severity; corticosteroid therapy; ear nose throat surgery; immunoglobulin blood level; diagnostic value; diagnostic accuracy; bronchopulmonary aspergilloma--drug therapy--dt; serodiagnosis; dose calculation; human; male...

16/KWIC/50 (Item 8 from file: 73)

Background: Rhizoxin is a new macrocyclic lactone isolated from the fungus Rhizopus chinensis which displays broad-spectrum antitumor activity against murine and human tumor xenografts and...

...minute (40% of the LDinf 1inf 0 AUC) was derived. Rhizoxin was not detectable in patient plasma (<5 ng/mL at 0.8 and 1.6 mg/msup 2), and doses...

...msup 2 experienced World Health Organization grade 3- 4 neutropenia, and

five of eight developed mucositis . The AUC values at the human MTD (2.6 mg/msup 2) were in the...
MEDICAL DESCRIPTORS:
adult; aged; animal experiment; area under the curve; article; ataxia; blood toxicity; bone marrow suppression; compartment model; diarrhea; drug quality; female; hematuria; human; human experiment; intravenous...

...mucosa inflammation; neutropenia; nonhuman; paralysis; phase 1 clinical trial; plasma protein binding; priority journal; weight reduction

16/KWIC/51 (Item 9 from file: 73)
DIALOG(R)File 73:(c) 2006 Elsevier B.V. All rts. reserv.

Overview of fungal infections in cancer patients

Because fungal infection is a significant factor that determines the morbidity and the mortality of many patients...

...into two broad areas: immune defects and mechanical defects. Among the immune defects and the fungal organisms that take advantage of them are: neutropenia, absolute neutrophil count < 1,000/ mul, (Candida, Aspergillus, Mucor, Rhizopus, Trichosporon, and Fusarium species); and T - cell defects or impaired cell-mediated immunity (Candida, Cryptococcus neoformans, Histoplasma capsulatum, Coccidioides immitis, and Aspergillus species). Mechanical defects and the fungal organisms associated with them include: disruption of the natural barrier of the skin, including catheterization...

...the mucous membranes of the gastrointestinal tract and the respiratory tree, by cytotoxic chemotherapy, producing mucositis , (Candida species); contamination of intravenous solutions and blood products (Candida species); and environmental factors during demolition, construction, and renovation (Aspergillus species and other...
...these various settings leads to earlier diagnosis and treatment, as well as prevention of such fungal infections and reduction of fungal -related morbidity and mortality.
MEDICAL DESCRIPTORS:
*cancer patient ; *immune deficiency; *mycosis--complication--co; * neutropenia

16/KWIC/52 (Item 1 from file: 135)
DIALOG(R)File 135:(c) 2006 NewsRx. All rts. reserv.

... Seventeen consecutive patients with subretinal macular hemorrhages caused by age related macular degeneration were enrolled. Patient demographics, acuities, and fluorescein angiograms were obtained for all evaluations," said R.P. Singh and...

...had subtotal clearing. Two patients had recurrence of the hemorrhage after the procedure and one patient underwent repair for retinal detachment. Occult lesions demonstrated similar outcomes to classic or predominately classic...

...6)/paclitaxel (135-175 mg/m2) administered on a 21-day schedule (median six cycles/ patient)," explained C.M. Michener and colleagues. "The overall response rate was 87% (20/23). The most common toxicity was hematologic. Five patients required dose reductions due to excessive toxicity (three hematologic, one gastrointestinal, one fatigue). There were no treatment related...

...the American Journal of Rhinology .

"Three patients with sinonasal malignancy (two cases) and fulminant invasive fungal sinusitis (one case)" were treated by P.S. Batra and coauthors at the Cleveland Clinic...
...collaborators said. "The orbit was successfully exenterated via an eyelid-sparing endoscopic approach with minimal blood loss in all three patients. Exenteration was completed within 30-45 minutes."
"Uninvolved superior and...

...data showed. "Two patients are alive without disease at 15-month follow-up," although "one patient with persistent cavernous sinus malignant peripheral nerve sheath tumor died 4 months after resection despite...

...need for tissue grafts and/or packing. Additionally, intraorbital pathology can be better visualized and blood loss and operative time are minimized."
"This preliminary experience showed endoscopic power-assisted orbital exenteration...

...an important adjunct for management of the orbit in patients with sinonasal malignancy or invasive fungal rhinosinusitis ."
Batra and colleagues published their study in the American Journal of Rhinology (Endoscopic power-assisted...

16/KWIC/53 (Item 2 from file: 135)

... more targeted dose of TBI preferentially to sites of greatest tumor burden is needed to reduce the dose to normal organs, reduce toxicities, and permit dose escalation."
"The purpose of this study was to evaluate, through a...

...distributions were compared with those in conventional TBI. A 1.7-to 7.5-fold reduction in median organ doses was observed with TMI and TMLI compared with conventional TBI," said...

...Gy was delivered as part of a tandem transplant regimen to the 53-year-old patient with multiple myeloma. Clinical results confirmed the treatment planning predictions. After TMI," continued Wong, "the patient experienced the expected blood count nadir, followed by successful engraftment. Grade 2 nausea and grade 1 emesis occurred only briefly on day 2 of TMI. Skin erythema, oral mucositis , esophagitis, and enteritis were not observed."
Researchers concluded, "This report demonstrates the feasibility and potential...

...are substantially lower than those associated with standard TBI and predict the potential to significantly reduce associated toxicities and allow for dose escalation. The results also suggest that this form of...

...patients undergoing hematopoietic stem cell transplantation."
Wong and colleagues published their study in Biology of Blood and Marrow Transplantation (Targeted total marrow irradiation using 3-dimensional image-guided tomographic intensity-modulated radiation therapy: An alternative to standard total body irradiation. Biol Blood Marrow Transplant, 2006;12(3):306-315).
For more information, contact J.Y.C. Wong...

...these RNA genetic elements are also present near the splice site junctions of plant and fungal introns, thus raising the possibility of their involvement in regulating mRNA splicing," wrote D.S...

16/KWIC/54 (Item 3 from file: 135)
DIALOG(R)File 135:(c) 2006 NewsRx. All rts. reserv.

...TEXT: Teamm Pharmaceuticals, to assist in the diagnosis of chronic sinusitis (CS), otherwise known as chronic rhinosinusitis (CRS).
In partnership with the licensee for this patented technology, IMMCO Diagnostics, Inc., (IMMCO) of...
... antibiotic therapy. Many patients with severe disease resort to sinus surgery in an effort to reduce nasal obstruction and improve sinus drainage.
Historically, the diagnosis of CS has been made based...

...the condition and it has led to the development of new treatment strategies targeting the fungal etiology.
CRSFungal Profile enables physicians to test for the specific protein marker, eosinophil Major Basic Protein (eMBP), as well as one of the fungi that causes CS. The test uses a small sample of mucus from the patient 's nasal cavities. The mucus sample is sent by the physician to IMMCO where it...

16/KWIC/55 (Item 1 from file: 144)
DIALOG(R)File 144:(c) 2006 INIST/CNRS. All rts. reserv.

Chronic sinusitis: Defective T - cells responding to superantigens, treated by reduction of fungi in the nose and air
In this study, the author used endoscopic sinus photography to study the effects of reduction of fungi in the nose, and in environmental air, on the sinus mucosa of 639 patients diagnosed with chronic rhinosinusitis . Sinus mucosal photographs were taken before and after reduction of fungal load in the nose and air, to determine if there was an optimum environmental air fungal load associated with sinus mucosal recovery to normal appearance. Systemic symptoms associated with fungal exposure, which resolved when fungus was removed from the patient and the environmental air and reappeared with recurrent environmental fungal exposure, are also discussed and are termed systemic fungal symptoms. Interventions consisted of nasal fungal load reduction with normal saline nasal irrigations and antimicrobial nasal sprays, and environmental air fungal load reduction with high-efficiency particulate air (HEPA) filtration in combination with ionizers or evaporation of a...

... of botanical extract. Main outcome measures were obtained with environmental air 1-hr gravity-plate fungal colony counts, laser air particle counts, and endoscopic sinus photography. Blood levels of immunoglobulins IgG and IgE for 7 common molds were also determined. After intervention, 94% of patients who used antimicrobial nasal sprays and who reduced their environmental fungal air count to 0-4 colonies per 1-hr agar gravity-plate exposure (n = 365) exhibited normal sinus mucosa by endoscopic exam. Environmental air fungal counts that exceeded 4 colonies resulted in sinus mucosal abnormalities ranging from edema, to pus...

...and a review of the current literature, the author hypothesizes that the pathogenesis of chronic rhinosinusitis , allergic fungal sinusitis, and systemic fungal symptoms is a genetic defect at the variable beta chain helper T - cell receptor (TCR V beta) site which requires the presence of an antigen (fungus). Chronic sinusitis patients who have recurring exposure to environmental air that contains fungal concentrations in excess of 4 colonies per 1-hr agar plate exposure appear to have...

16/KWIC/56 (Item 2 from file: 144)
DIALOG(R)File 144:(c) 2006 INIST/CNRS. All rts. reserv.

Infectious complications after autologous peripheral blood progenitor cell transplantation followed by G-CSF
Infectious complications after autologous peripheral blood progenitor cell transplantation (PBPCT) have been reported in a few studies including small patient numbers. The present study was performed to assess the incidence, types, outcome and factors affecting...

...5%) had Gram-positive and 13 (36.2%) Gram-negative hacterial infections. There were no fungal infections or infection-related deaths. Mucositis grade II-IV (P = 0.0001; odds ratio 3.4) and >5 days on ANC...

... case of fatal CMV pneumonia (0.8%) and 20 of localized VZV infection (13.3%). Reduction of neutropenia duration with PBPCT and G-CSF is not enough to prevent early infectious complications since only a few days of severe neutropenia and mucositis are related to development of early infections. However, no infection-related deaths were seen. Although...

... variance with what was seen with bone marrow recipients. Efforts should be made to prevent mucositis and neutropenia and identify new strategies of antibacterial prophylaxis.
English Descriptors: Homograft; Hematopoietic cell; Stem cell; Neutropenia; Blood ; Infection; Treatment; Chemotherapy; Prevention; Complication; Human

16/KWIC/57 (Item 1 from file: 155)

Chemotherapy-induced and/or radiation therapy-induced oral mucositis --complicating the treatment of cancer.
The term mucositis is coined to describe the adverse effects of radiation and chemotherapy treatments. Mucositis is one of the most common adverse reactions encountered in radiation therapy for head and...

... with drugs affecting DNA synthesis (S-phase-specific agents such as fluorouracil, methotrexate, and cytarabine). Mucositis may limit the patient 's ability to tolerate chemotherapy or radiation therapy, and nutritional status is compromised. It may drastically affect cancer treatment as well as the patient 's quality of life. The incidence and severity of mucositis will vary from patient to patient . It will also vary from treatment to treatment. It is estimated that there is 40% incidence of mucositis in patients treated with standard chemotherapy and this will not only increase with the number...

...marrow transplantation and who receive high doses of chemotherapy have a 76% chance of getting mucositis . Patients receiving radiation, in particular to head and neck cancers, have a 30% to 60...

... development is not known, but it is thought to be divided into direct and indirect mucositis . Chemotherapy and/or radiation therapy will interfere with the normal turnover of epithelial, cells leading...

... injury; subsequently, it can also occur due to indirect invasion of Gram-negative bacteria and fungal species because most of the cancer drugs will cause changes in blood counts. With the advancement in cytology, a more precise mechanism has been established. With this understanding, we can select and target particular mediators responsible for the mucositis . Risk factors such as age, nutritional status, type of malignancy, and oral care during treatment will play important roles in the development of mucositis . Many treatment options are available to prevent and treat this condition, but none of them can completely prevent or treat mucositis . More and more pathological methods are being developed to

understand this condition so that better therapeutic regimens can be selected. Emphasis also should be made in assessing the patient 's psychologic condition, particular depressive disorders. This is important because treatment with antidepressants will not only contribute in lifting depression but also reduces pain somatization. Although mucositis is rarely life-threatening, it will interfere with treatment of cancer to a great extent.

16/KWIC/58 (Item 2 from file: 155)

Chronic sinusitis: defective T - cells responding to superantigens, treated by reduction of fungi in the nose and air.
In this study, the author used endoscopic sinus photography to study the effects of reduction of fungi in the nose, and in environmental air, on the sinus mucosa of 639 patients diagnosed with chronic rhinosinusitis . Sinus mucosal photographs were taken before and after reduction of fungal load in the nose and air, to determine if there was an optimum environmental air fungal load associated with sinus mucosal recovery to normal appearance. Systemic symptoms associated with fungal exposure, which resolved when fungus was removed from the patient and the environmental air and reappeared with recurrent environmental fungal exposure, are also discussed and are termed systemic fungal symptoms. Interventions consisted of nasal fungal load reduction with normal saline nasal irrigations and antimicrobial nasal sprays, and environmental air fungal load reduction with high-efficiency particulate air (HEPA) filtration in combination with ionizers or evaporation of a...

... of botanical extract. Main outcome measures were obtained with environmental air 1-hr gravity-plate fungal colony counts, laser air particle counts, and endoscopic sinus photography. Blood levels of immunoglobulins IgG and IgE for 7 common molds were also determined. After intervention, 94% of patients who used antimicrobial nasal sprays and who reduced their environmental fungal air count to 0-4 colonies per 1-hr agar gravity-plate exposure (n = 365) exhibited normal sinus mucosa by endoscopic exam. Environmental air fungal counts that exceeded 4 colonies resulted in sinus mucosal abnormalities ranging from edema, to pus...

...and a review of the current literature, the author hypothesizes that the pathogenesis of chronic rhinosinusitis , allergic fungal sinusitis, and systemic fungal symptoms is a genetic defect at the variable beta chain helper T - cell receptor (TCR Vbeta) site which requires the presence of an antigen (fungus). Chronic sinusitis patients who have recurring exposure to environmental air that contains fungal concentrations in excess of 4 colonies per 1-hr agar plate exposure appear to have...
...Descriptors: Pollution, Indoor--analysis--AN; *Fungi--immunology--IM; *Nasal Mucosa--microbiology--MI; *Sinusitis--immunology--IM; *Superantigens -- blood --BL; *T-Lymphocytes--metabolism--ME...; prevention and control --PC; Fungi--isolation and purification--IP; Humans; Middle Aged; Retrospective Studies; Sinusitis-- blood --BL; Sinusitis--prevention and control--PC; Treatment Outcome

16/KWIC/59 (Item 3 from file: 155)

Infectious complications after autologous peripheral blood progenitor cell transplantation followed by G-CSF.
Infectious complications after autologous peripheral blood progenitor cell transplantation (PBPCT) have been reported in a few studies including small patient numbers. The present study was performed to assess the incidence, types, outcome and factors affecting...

... 5%) had Gram-positive and 13 (36. 2%) Gram-negative bacterial infections. There were no fungal infections or infection-related deaths. Mucositis grade II-IV (P = 0. 0001; odds ratio 3.4) and >5 days on ANC...

... case of fatal CMV pneumonia (0. 8%) and 20 of localized VZV infection (13.3%). Reduction of neutropenia duration with PBPCT and G-CSF is not enough to prevent early infectious complications since only a few days of severe neutropenia and mucositis are related to development of early infections. However, no infection-related deaths were seen. Although...

... variance with what was seen with bone marrow recipients. Efforts should be made to prevent mucositis and neutropenia and identify new strategies of antibacterial prophylaxis.
...; Gram-Positive Bacterial Infections--epidemiology--EP; Humans; Middle Aged; Neoplasms--therapy--TH; Neutropenia; Odds Ratio; Patient Isolation; Research Support, Non-U.S. Gov't; Retrospective Studies; Transplantation, Autologous; Treatment Outcome

16/KWIC/60 (Item 4 from file: 155)

Evaluation and treatment of allergic fungal sinusitis. II. Treatment and follow-up.
BACKGROUND: Previous allergic fungal sinusitis case reports have speculated that oral corticosteroids might reduce the severity of disease and possibly forestall the high rate of recurrent sinus surgery. OBJECTIVES: Our objective was to comprehensively review 67 consecutive cases of allergic fungal sinusitis for their response to treatment and the utility of monitoring patient serologies during clinical follow-up. METHODS: Allergic fungal sinusitis cases from a private practice were evaluated and treated with consistent diagnostic criteria and...

... corticosteroids is described. RESULTS: The total serum IgE was found to correlate with the clinical rhinosinusitis severity (P = .0002). The fungal -specific IgG also correlated with clinical rhinosinusitis severity but less rigorously (P = .004). An increase of 10% or more in total serum...

... dosing regimen. CONCLUSIONS: Postoperative oral corticosteroids appear to be an effective treatment option for allergic fungal sinusitis, and monitoring of total serum IgE can be helpful in the clinical follow-up...
; Adrenal Cortex Hormones--therapeutic use--TU; Adult; Combined Modality Therapy; Follow-Up Studies; Humans; Hypersensitivity-- blood --BL; Hypersensitivity--complications--CO; Immunoglobulin E-- blood --BL; Middle Aged; Mycoses-- blood --BL; Mycoses--complications--CO; Research Support, U.S. Gov't, Non-P.H.S.; Retrospective Studies; Rhinitis-- blood --BL; Rhinitis--etiology--ET; Rhinitis--therapy--TH; Sinusitis-- blood --BL; Sinusitis--etiology--ET
?
PLEASE ENTER A COMMAND OR BE LOGGED OFF IN 5 MINUTES
? s patient
S17 5982296 PATIENT
? ds

Set	Items	Description
S1	27493	RHINOSINUSITIS OR MUCOSITIS
S2	1139396	FUNGAL OR FUNGUS
S3	287023	CANDIDA OR ALTERNARIA OR ASPERGILUS OR CLADISPORIUM
S4	11224791	PBMC OR BLOOD OR T (W) CELL? OR EOSINOPHIL OR LEUKOCYTE OR WBC OR WHITE (W) BLOOD (W) CELL
S5	200356	MUCUS OR MUCIN?

```
S6     3726428   SUPERNATANT OR EXTRACT OR CULTURE
S7    17787115   INHIBIT? OR REDUC? OR DECREASE
S8       47860   DEGRANULAT?
S9         592   FUNGUS (W) ATTACK
S10   17787115   REDUC? OR INHIBIT? OR DECREASE
S11    5982296   PATIENT
S12       1149   1 AND S2 AND S4 AND S7 AND S10 AND S11
S13          0   S1 AND S2 AND S3 AND S4 AND S5 AND S6 AND S7 AND S8 AND S10
                 AND S11
S14         42   S12 AND S1
S15         27   RD  (unique items)
S16         60   S1 AND S2 AND S4 AND S7 AND S10 AND S11
S17    5982296   PATIENT
? s eosinophil(w) degranulation
           95908  EOSINOPHIL
           42724  DEGRANULATION
     S18    1629  EOSINOPHIL(W) DEGRANULATION
? s s10 and s18 and s4 and s2 and s6
        17787115  S10
            1629  S18
        11224791  S4
         1139396  S2
         3726428  S6
     S19       2  S10 AND S18 AND S4 AND S2 AND S6
? t s19/kwic/all
>>>KWIC option is not available in file(s): 399

 19/KWIC/1     (Item 1 from file: 34)
DIALOG(R)File  34:(c) 2006 The Thomson Corp. All rts. reserv.

Title:  Fungal  metabolites, asterric acid derivatives  inhibit  vascular
    endothelial growth factor (VEGF)-induced tube formation of HUVECs
Abstract: In the search for new naturally occurring anti-angiogenic
    compounds, we found that a  culture  broth of an unidentified  fungal
    strain B90911 exerted  inhibitory  activity on capillary-like tube
    formation of human umbilical vein endothelial cells (HUVEC) in vitro...

...chloroasterric acid (3), and 3,5-dichloroasterric acid (4) by
    spectroscopic analyses. These compounds significantly  inhibited  the
    VEGF-induced tube formation of HUVEC, suggesting that asterric
    derivatives could be useful for...
...Identifiers-- EOSINOPHIL   DEGRANULATION ; ANGIOGENESIS; SULOCHRIN


 19/KWIC/2     (Item 1 from file: 94)
DIALOG(R)File  94:(c)2006 Japan Science and Tech Corp(JST). All rts.
reserv.

Sulochrin  Inhibits   Eosinophil   Degranulation .
ABSTRACT: This paper reports the  inhibitory  actions of  eosinophil
    degranulation  by sulochrin (SC) and monochlorosulochrin (MCSC)
    obtained from the filtrates of Penicillium sp. CS43  culture .
    Sepharose 4B beads bound to human excretory soluble IgA through
    activated cyano-bromide, stimulate eosinophils to be degranulated, and
    to release  eosinophil -derived neurotoxins (EDN).When eosinophils are
    pre-cultured with SC or MCSC, release of EDN is  inhibited . The values
    of IC50 for CS and MCSC are 0.1 and 0.3.MU...
...BROADER DESCRIPTORS:  fungus ; ...

... blood  corpuscle...

... blood  component
?  s inhibit? (w) eosinophil (w) degranulation
```

```
         7916991  INHIBIT?
           95908  EOSINOPHIL
           42724  DEGRANULATION
     S20      71  INHIBIT? (W) EOSINOPHIL (W) DEGRANULATION
? ds

Set     Items   Description
S1      27493   RHINOSINUSITIS OR MUCOSITIS
S2    1139396   FUNGAL OR FUNGUS
S3     287023   CANDIDA OR ALTERNARIA OR ASPERGILUS OR CLADISPORIUM
S4   11224791   PBMC OR BLOOD OR T (W) CELL? OR EOSINOPHIL OR LEUKOCYTE OR
             WBC OR WHITE (W) BLOOD (W) CELL
S5     200356   MUCUS OR MUCIN?
S6    3726428   SUPERNATANT OR EXTRACT OR CULTURE
S7   17787115   INHIBIT? OR REDUC? OR DECREASE
S8      47860   DEGRANULAT?
S9        592   FUNGUS (W) ATTACK
S10  17787115   REDUC? OR INHIBIT? OR DECREASE
S11   5982296   PATIENT
S12      1149   1 AND S2 AND S4 AND S7 AND S10 AND S11
S13         0   S1 AND S2 AND S3 AND S4 AND S5 AND S6 AND S7 AND S8 AND S10
               AND S11
S14        42   S12 AND S1
S15        27   RD  (unique items)
S16        60   S1 AND S2 AND S4 AND S7 AND S10 AND S11
S17   5982296   PATIENT
S18      1629   EOSINOPHIL(W) DEGRANULATION
S19         2   S10 AND S18 AND S4 AND S2 AND S6
S20        71   INHIBIT? (W) EOSINOPHIL (W) DEGRANULATION
? s s1 amd s20
>>>Term "AMD" in invalid position
? s s1 and s20
           27493  S1
              71  S20
     S21       0  S1 AND S20
? s s2 amd s20
>>>Term "AMD" in invalid position
? s s2 and s20
         1139396  S2
              71  S20
     S22       1  S2 AND S20
? t s22/free
>>>"FREE" is not a valid format name in file(s): 399

 22/8/1     (Item 1 from file: 94)
DIALOG(R)File  94:(c)2006 Japan Science and Tech Corp(JST). All rts.
reserv.

03522781   JICST ACCESSION NUMBER: 98A0056979  FILE SEGMENT: JICST-E
Sulochrin  Inhibits  Eosinophil  Degranulation .., 1997
DESCRIPTORS: Penicillium; metabolite; bronchial asthma;
    degranulation(immunology); eosinophils; antiallergic action
BROADER DESCRIPTORS: Hyphomycetes; Deuteromycetes; Eumycetes;  fungus ;
    microorganism; Eurotiales; Plectomycetes; Ascomycetes; bronchial
    disease; respiratory tract disease; disease; asthma; granulocyte;
    leucocyte; blood corpuscle; blood component; component; cell(cytology);
    pharmacological action; action and effect
CLASSIFICATION CODE(S): GX05010R
? ds

Set     Items   Description
S1      27493   RHINOSINUSITIS OR MUCOSITIS
S2    1139396   FUNGAL OR FUNGUS
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S3      287023   CANDIDA OR ALTERNARIA OR ASPERGILUS OR CLADISPORIUM
S4    11224791   PBMC OR BLOOD OR T (W) CELL? OR EOSINOPHIL OR LEUKOCYTE OR
                 WBC OR WHITE (W) BLOOD (W) CELL
S5      200356   MUCUS OR MUCIN?
S6     3726428   SUPERNATANT OR EXTRACT OR CULTURE
S7    17787115   INHIBIT? OR REDUC? OR DECREASE
S8       47860   DEGRANULAT?
S9         592   FUNGUS (W) ATTACK
S10   17787115   REDUC? OR INHIBIT? OR DECREASE
S11    5982296   PATIENT
S12       1149   1 AND S2 AND S4 AND S7 AND S10 AND S11
S13          0   S1 AND S2 AND S3 AND S4 AND S5 AND S6 AND S7 AND S8 AND S10
                 AND S11
S14         42   S12 AND S1
S15         27   RD  (unique items)
S16         60   S1 AND S2 AND S4 AND S7 AND S10 AND S11
S17    5982296   PATIENT
S18       1629   EOSINOPHIL(W) DEGRANULATION
S19          2   S10 AND S18 AND S4 AND S2 AND S6
S20         71   INHIBIT? (W) EOSINOPHIL (W) DEGRANULATION
S21          0   S1 AND S20
S22          1   S2 AND S20
? s s5 and s18
          200356  S5
            1629  S18
     S23      34  S5 AND S18
? rd
     S24      17  RD  (unique items)
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>>>"FREE" is not a valid format name in file(s): 399

 24/8/1     (Item 1 from file: 5)
0015984202   BIOSIS NO.: 200600329597
Striking deposition of toxic eosinophil major basic protein in  mucus :
  Implications for chronic rhinosinusitis
2005


 24/8/2     (Item 2 from file: 5)
0015065766   BIOSIS NO.: 200400446555
The role of PTEN in allergic inflammation
2004


 24/8/3     (Item 3 from file: 5)
0014129439   BIOSIS NO.: 200300088158
Roles of cysteinyl leukotrienes in airway inflammation, smooth muscle
  function, and remodeling.
2003


 24/8/4     (Item 4 from file: 5)
0013853485   BIOSIS NO.: 200200446996
Eosinophil degranulating conditions
2002


 24/8/5     (Item 5 from file: 5)
0011977510   BIOSIS NO.: 199900237170
Eosinophils retain their granule major basic protein in a murine model of
  allergic pulmonary inflammation
1998
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24/8/6 (Item 1 from file: 34)
DIALOG(R)File 34:(c) 2006 The Thomson Corp. All rts. reserv.

11363079 Genuine Article#: 644VV Number of References: 28
Title: Cytolysis of eosinophils in nasal secretions (ABSTRACT AVAILABLE)
Publication date: 20030200
Journal Subject Category: OTORHINOLARYNGOLOGY
Descriptors--Author Keywords: electron microscope ; eosinophil degranulation ; eosinophil lysis ; nasal hypersensitivity ; nasal mucus
Identifiers--KeyWord Plus(R): MAJOR BASIC-PROTEIN; IN-VIVO; PIECEMEAL DEGRANULATION; HYPODENSE EOSINOPHILS; SCHISTOSOMA-MANSONI; GRANULES; GRANULOCYTES; PEROXIDASE; BLOOD; PURIFICATION

24/8/7 (Item 2 from file: 34)
DIALOG(R)File 34:(c) 2006 The Thomson Corp. All rts. reserv.

09318635 Genuine Article#: 392FR Number of References: 28
Title: The relationship of eosinophil granule proteins to ions in the sputum of patients with cystic fibrosis (ABSTRACT AVAILABLE)
Publication date: 20001200
Journal Subject Category: ALLERGY; IMMUNOLOGY
Descriptors--Author Keywords: bronchial asthma ; cystic fibrosis ; sputum ions ; eosinophil granule proteins ; lung function
Identifiers--KeyWord Plus(R): MAJOR BASIC-PROTEIN; CATIONIC PROTEIN; TRACHEAL EPITHELIUM; TRANSPORT; SERUM; ACTIVATION; CULTURES; MUCUS

24/8/8 (Item 3 from file: 34)
DIALOG(R)File 34:(c) 2006 The Thomson Corp. All rts. reserv.

07236184 Genuine Article#: 139LY Number of References: 59
Title: Structural alterations and inflammation of bronchi in asthma (ABSTRACT AVAILABLE)
Publication date: 19980900
Journal Subject Category: MEDICINE, GENERAL & INTERNAL
Identifiers--KeyWord Plus(R): ACTIVATED LYMPHOCYTES-T; FATAL ASTHMA; MILD ASTHMA; BRONCHOALVEOLAR LAVAGE; SUBEPITHELIAL FIBROSIS; IMMUNOREACTIVE NERVES; MUCOSAL INFLAMMATION; CYSTIC-FIBROSIS; FREEZE-FRACTURE; ATOPIC ASTHMA

24/8/9 (Item 1 from file: 45)
00225060 EMCare No: 26408246
Immunoglobulin as an eosinophil degranulation factor: Change in immunoglobulin level in nasal lavage fluid after antigen challenge
1996

24/8/10 (Item 1 from file: 73)
13150444 EMBASE No: 2005212401
Bet v 1-specific IgA increases during the pollen season but not after a single allergen challenge in children with birch pollen-induced intermittent allergic rhinitis
2005

24/8/11 (Item 2 from file: 73)
12905684 EMBASE No: 2004508848
Inflammatory mediators in nasal lavage among school-age children from urban and rural areas in Sa(tilde)o Paulo, Brazil

02 SEP 2004

24/8/12 (Item 3 from file: 73)
12889649 EMBASE No: 2004491010
Eosinophil degranulation status in allergic rhinitis: Observations before and during seasonal allergen exposure
2004

24/8/13 (Item 4 from file: 73)
11578417 EMBASE No: 2002150257
DNA microarrays to study gene expression in allergic airways
2002

24/8/14 (Item 1 from file: 135)
DIALOG(R)File 135:(c) 2006 NewsRx. All rts. reserv.

0000244465 (USE FORMAT 7 OR 9 FOR FULLTEXT)
Toxic eosinophil major basic protein studied, deposition in mucus clarified
WORD COUNT: 423
September 21, 2005 (20050921)

DESCRIPTORS: Allergies; Allergy Medicine; Bacterial Infection; Chronic Rhinosinusitis; City: Rochester; Country: United States; Digitized Analyses; Eosinophil Major Basic Protein; Immunofluorescence; Immunology; Mayo Clinic; Mucus ; Sinusitis; State: Minnesota; All News
SUBJECT HEADING: Sinusitis

24/8/15 (Item 1 from file: 144)
DIALOG(R)File 144:(c) 2006 INIST/CNRS. All rts. reserv.

16085756 PASCAL No.: 03-0236713
Roles of cysteinyl leukotrienes in airway inflammation, smooth muscle function, and remodeling. Discussion
The anti-inflammatory role of cysteinyl leukotriene receptor anatagonists in asthma
2003

English Descriptors: Asthma; Allergy; Human; Pathogenesis; Inflammation; Respiratory tract; Epithelium; Smooth muscle; Leukotriene; Remodeling
Broad Descriptors: Respiratory disease; Obstructive pulmonary disease; Immunopathology; Appareil respiratoire pathologie; Bronchopneumopathie obstructive; Immunopathologie; Aparato respiratorio patologia; Broncopneumopatia obstructiva; Inmunopatologia

French Descriptors: Asthme; Allergie; Homme; Pathogenie; Inflammation; Voie respiratoire; Epithelium; Muscle lisse; Leucotriene; Cysteinyl leucotriene; Remodelage

Classification Codes: 002B06C02

24/8/16 (Item 1 from file: 155)
DIALOG(R)File 155:(c) format only 2006 Dialog. All rts. reserv.

12418589 PMID: 10359314

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     $0.30  Estimated cost File370
           $36.47    2.906 DialUnits File399
    $36.47  Estimated cost File399
            $9.66    0.412 DialUnits File434
     $9.66  Estimated cost File434
            OneSearch, 26 files, 34.513 DialUnits FileOS
     $9.86  TELNET
   $352.13  Estimated cost this search
   $408.56  Estimated total session cost  41.951 DialUnits

Logoff: level 05.12.03 D  15:09:05

You are now logged off
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Soluble P-selectin glycoprotein ligand 1 inhibits ocular inflammation in a murine model of allergy.
Jun 1999
Tags: Female
Descriptors: *Cell Movement--drug effects--DE; *Conjunctivitis, Allergic --prevention and control--PC; *Eosinophils--drug effects--DE; *Membrane Glycoproteins--pharmacology--PD; * Mucins --pharmacology--PD; Animals; Antibodies, Monoclonal; Cell Adhesion--drug effects--DE; Conjunctivitis, Allergic--etiology--ET; Conjunctivitis, Allergic--pathology--PA; Disease Models, Animal; E-Selectin--drug effects--DE; Eosinophils--cytology--CY; Fluorescent Antibody Technique, Indirect; Ligands; Mice; P-Selectin--drug effects--DE; Pollen--adverse effects--AE; Research Support, Non-U.S. Gov't; Solubility
CAS Registry No.: 0 (Antibodies, Monoclonal); 0 (E-Selectin); 0 (Ligands); 0 (Membrane Glycoproteins); 0 (Mucins); 0 (P-Selectin); 0 (P-selectin ligand protein)

24/8/17 (Item 1 from file: 357)
0263162 DBR Accession No.: 2001-02738
Methods of diagnosing an eosinophil degranulating condition from a mucus sample using visual types of analysis of immunoassays - diagnosis of asthma, rhinosinusitis, etc. using human recombinant DNA-ase and an antibody 2000

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? s s23 and s10
          34  S23
    17787115  S10
     S25      16  S23 AND S10
? rd
     S26       6  RD  (unique items)
? t s6/kwic/all
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>>>Transaction too large. Estimate cannot be done.
? t st/free/all
>>>'/' not a valid keyword
? t s6/free/all
>>>"FREE" is not a valid format name in file(s): 399
>>>Transaction too large. Estimate cannot be done.
? t s26
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26/2/1 (Item 1 from file: 5)
DIALOG(R)File 5:Biosis Previews(R)

0015065766 BIOSIS NO.: 200400446555
The role of PTEN in allergic inflammation
AUTHOR: Lee Yong C (Reprint)
AUTHOR ADDRESS: Dept Internal MedRes Ctr Allerg Immune Dis, Chonbuk Natl Univ, 364-18 Keumamdong, Jeonju, 561712, South Korea**South Korea
AUTHOR E-MAIL ADDRESS: leeyc@moak.chonbuk.ac.kr
JOURNAL: Archivum Immunologiae et Therapiae Experimentalis 52 (4): p 250-254 July 2004 2004
MEDIUM: print
ISSN: 0004-069X
DOCUMENT TYPE: Article
RECORD TYPE: Abstract
LANGUAGE: English
REGISTRY NUMBERS: 115926-52-8: phosphatidylinositol 3-kinase
DESCRIPTORS:
MAJOR CONCEPTS: Blood and Lymphatics--Transport and Circulation; Enzymology--Biochemistry and Molecular Biophysics; Immune System--Chemical Coordination and Homeostasis; Respiratory System--Respiration
BIOSYSTEMATIC NAMES: Hominidae--Primates, Mammalia, Vertebrata, Chordata,

```
    Animalia
  ORGANISMS: human (Hominidae)
  COMMON TAXONOMIC TERMS: Animals; Chordates; Humans; Mammals; Primates;
    Vertebrates
  DISEASES: bronchial asthma--immune system disease, respiratory system
    disease, etiology,  immunology; eosinophilia--blood and lymphatic
    disease
  MESH TERMS: Asthma (MeSH); Eosinophilia (MeSH)
  CHEMICALS & BIOCHEMICALS:   PTEN {phosphatase and tensin homologue
    deleted on chromosome 10}; allergen; phosphatidylinositol 3-kinase
  MISCELLANEOUS TERMS:   inflammatory response; signal transduction
CONCEPT CODES:
  10802 Enzymes - General and comparative studies: coenzymes
  15002 Blood - Blood and lymph studies
  15004 Blood - Blood cell studies
  15006 Blood - Blood, lymphatic and reticuloendothelial pathologies
  16004 Respiratory system - Physiology and biochemistry
  16006 Respiratory system - Pathology
  34502 Immunology - General and methods
  34508 Immunology - Immunopathology, tissue immunology
  35500 Allergy
BIOSYSTEMATIC CODES:
  86215 Hominidae
? t s26/1-6
>>>'-' not allowed as format type
? ds

Set     Items   Description
S1      27493   RHINOSINUSITIS OR MUCOSITIS
S2    1139396   FUNGAL OR FUNGUS
S3     287023   CANDIDA OR ALTERNARIA OR ASPERGILUS OR CLADISPORIUM
S4   11224791   PBMC OR BLOOD OR T (W) CELL? OR EOSINOPHIL OR LEUKOCYTE OR
             WBC OR WHITE (W) BLOOD (W) CELL
S5     200356   MUCUS OR MUCIN?
S6    3726428   SUPERNATANT OR EXTRACT OR CULTURE
S7   17787115   INHIBIT? OR REDUC? OR DECREASE
S8      47860   DEGRANULAT?
S9        592   FUNGUS (W) ATTACK
S10  17787115   REDUC? OR INHIBIT? OR DECREASE
S11   5982296   PATIENT
S12      1149   1 AND S2 AND S4 AND S7 AND S10 AND S11
S13         0   S1 AND S2 AND S3 AND S4 AND S5 AND S6 AND S7 AND S8 AND S10
               AND S11
S14        42   S12 AND S1
S15        27   RD  (unique items)
S16        60   S1 AND S2 AND S4 AND S7 AND S10 AND S11
S17   5982296   PATIENT
S18      1629   EOSINOPHIL(W) DEGRANULATION
S19         2   S10 AND S18 AND S4 AND S2 AND S6
S20        71   INHIBIT? (W) EOSINOPHIL (W) DEGRANULATION
S21         0   S1 AND S20
S22         1   S2 AND S20
S23        34   S5 AND S18
S24        17   RD  (unique items)
S25        16   S23 AND  S10
S26         6   RD  (unique items)
? t s26/8/all

 26/8/1     (Item 1 from file: 5)
DIALOG(R)File   5:(c) 2006 The Thomson Corporation. All rts. reserv.

0015065766   BIOSIS NO.: 200400446555
The role of PTEN in allergic inflammation
```

2004
REGISTRY NUMBERS: 115926-52-8: phosphatidylinositol 3-kinase
DESCRIPTORS:
MAJOR CONCEPTS: Blood and Lymphatics--Transport and Circulation; Enzymology--Biochemistry and Molecular Biophysics; Immune System--Chemical Coordination and Homeostasis; Respiratory System--Respiration
BIOSYSTEMATIC NAMES: Hominidae--Primates, Mammalia, Vertebrata, Chordata, Animalia
ORGANISMS: human (Hominidae)
COMMON TAXONOMIC TERMS: Animals; Chordates; Humans; Mammals; Primates; Vertebrates
DISEASES: bronchial asthma--immune system disease, respiratory system disease, etiology, immunology; eosinophilia--blood and lymphatic disease
MESH TERMS: Asthma (MeSH); Eosinophilia (MeSH)
CHEMICALS & BIOCHEMICALS: PTEN {phosphatase and tensin homologue deleted on chromosome 10}; allergen; phosphatidylinositol 3-kinase
MISCELLANEOUS TERMS: inflammatory response; signal transduction
CONCEPT CODES:
10802 Enzymes - General and comparative studies: coenzymes
15002 Blood - Blood and lymph studies
15004 Blood - Blood cell studies
15006 Blood - Blood, lymphatic and reticuloendothelial pathologies
16004 Respiratory system - Physiology and biochemistry
16006 Respiratory system - Pathology
34502 Immunology - General and methods
34508 Immunology - Immunopathology, tissue immunology
35500 Allergy
BIOSYSTEMATIC CODES:
86215 Hominidae

26/8/2 (Item 2 from file: 5)
DIALOG(R)File 5:(c) 2006 The Thomson Corporation. All rts. reserv.

0014129439 BIOSIS NO.: 200300088158
Roles of cysteinyl leukotrienes in airway inflammation, smooth muscle function, and remodeling.
2003
DESCRIPTORS:
MAJOR CONCEPTS: Allergy--Clinical Immunology, Human Medicine, Medical Sciences; Pharmacology; Pulmonary Medicine--Human Medicine, Medical Sciences
BIOSYSTEMATIC NAMES: Hominidae--Primates, Mammalia, Vertebrata, Chordata, Animalia
ORGANISMS: human (Hominidae)--patient
ORGANISMS: PARTS ETC: airway smooth muscle--muscular system, respiratory system, function, remodeling; mesenchymal cell--embryonic structure, mitogenesis
COMMON TAXONOMIC TERMS: Animals; Chordates; Humans; Mammals; Primates; Vertebrates
DISEASES: asthma--immune system disease, respiratory system disease, drug therapy, etiology, immunology; airway inflammation--respiratory system disease, drug therapy, etiology, immunology; respiratory mucus gland hyperplasia--respiratory system disease; airway fibrosis--respiratory system disease
MESH TERMS: Asthma (MeSH)
CHEMICALS & BIOCHEMICALS: cysteinyl leukotriene receptor antagonist--antiallergic-drug, antiasthmatic-drug, antiinflammatory-drug, cardiovascular-drug, immunologic-drug, pharmacodynamics; cysteinyl leukotriene; Th2 cytokine; collagen--deposition; cysteinyl leukotriene receptor
CONCEPT CODES:

02506 Cytology - Animal
02508 Cytology - Human
10064 Biochemistry studies - Proteins, peptides and amino acids
12512 Pathology - Therapy
16004 Respiratory system - Physiology and biochemistry
16006 Respiratory system - Pathology
17504 Muscle - Physiology and biochemistry
22002 Pharmacology - General
22005 Pharmacology - Clinical pharmacology
22010 Pharmacology - Cardiovascular system
22012 Pharmacology - Connective tissue, bone and collagen-acting drugs
22018 Pharmacology - Immunological processes and allergy
22030 Pharmacology - Respiratory system
25502 Development and Embryology - General and descriptive
34502 Immunology - General and methods
34508 Immunology - Immunopathology, tissue immunology
35500 Allergy
BIOSYSTEMATIC CODES:
86215 Hominidae

26/8/3 (Item 1 from file: 34)
DIALOG(R)File 34:(c) 2006 The Thomson Corp. All rts. reserv.

07236184 Genuine Article#: 139LY Number of References: 59
Title: Structural alterations and inflammation of bronchi in asthma (ABSTRACT AVAILABLE)
Publication date: 19980900
Journal Subject Category: MEDICINE, GENERAL & INTERNAL
Identifiers--KeyWord Plus(R): ACTIVATED LYMPHOCYTES-T; FATAL ASTHMA; MILD ASTHMA; BRONCHOALVEOLAR LAVAGE; SUBEPITHELIAL FIBROSIS; IMMUNOREACTIVE NERVES; MUCOSAL INFLAMMATION; CYSTIC-FIBROSIS; FREEZE-FRACTURE; ATOPIC ASTHMA

26/8/4 (Item 1 from file: 73)
DIALOG(R)File 73:(c) 2006 Elsevier B.V. All rts. reserv.

13150444 EMBASE No: 2005212401
Bet v 1-specific IgA increases during the pollen season but not after a single allergen challenge in children with birch pollen-induced intermittent allergic rhinitis
2005
DRUG DESCRIPTORS:
*immunoglobulin A--endogenous compound--ec; *allergen--drug toxicity--to; *steroid--drug therapy--dt; *steroid--pharmacology--pd; *steroid--intranasal drug administration--na
eosinophil cationic protein--endogenous compound--ec; unclassified drug
MEDICAL DESCRIPTORS:
*immunoglobulin production; *pollen allergy--epidemiology--ep; *provocation test; *birch; *allergic rhinitis--drug therapy--dt; *allergic rhinitis --epidemiology--ep; *allergic rhinitis--etiology--et
nose mucus ; eosinophil ; degranulation ; quantitative analysis; symptomatology; allergy; inflammation; antibody production; human; clinical article; controlled study; human tissue; human cell; adolescent; child; article; priority journal
DRUG TERMS (UNCONTROLLED): Bet v 1 specific immunoglobulin A--endogenous compound--ec

26/8/5 (Item 1 from file: 144)
DIALOG(R)File 144:(c) 2006 INIST/CNRS. All rts. reserv.

16085756 PASCAL No.: 03-0236713
Roles of cysteinyl leukotrienes in airway inflammation, smooth muscle function, and remodeling. Discussion
The anti-inflammatory role of cysteinyl leukotriene receptor anatagonists in asthma
2003

English Descriptors: Asthma; Allergy; Human; Pathogenesis; Inflammation; Respiratory tract; Epithelium; Smooth muscle; Leukotriene; Remodeling
Broad Descriptors: Respiratory disease; Obstructive pulmonary disease; Immunopathology; Appareil respiratoire pathologie; Bronchopneumopathie obstructive; Immunopathologie; Aparato respiratorio patologia; Broncopneumopatia obstructiva; Inmunopatologia

French Descriptors: Asthme; Allergie; Homme; Pathogenie; Inflammation; Voie respiratoire; Epithelium; Muscle lisse; Leucotriene; Cysteinyl leucotriene; Remodelage

Classification Codes: 002B06C02

26/8/6 (Item 1 from file: 155)
DIALOG(R)File 155:(c) format only 2006 Dialog. All rts. reserv.

12418589 PMID: 10359314
Soluble P-selectin glycoprotein ligand 1 inhibits ocular inflammation in a murine model of allergy.
Jun 1999
Tags: Female
Descriptors: *Cell Movement--drug effects--DE; *Conjunctivitis, Allergic --prevention and control--PC; *Eosinophils--drug effects--DE; *Membrane Glycoproteins--pharmacology--PD; * Mucins --pharmacology--PD; Animals; Antibodies, Monoclonal; Cell Adhesion--drug effects--DE; Conjunctivitis, Allergic--etiology--ET; Conjunctivitis, Allergic--pathology--PA; Disease Models, Animal; E-Selectin--drug effects--DE; Eosinophils--cytology--CY; Fluorescent Antibody Technique, Indirect; Ligands; Mice; P-Selectin--drug effects--DE; Pollen--adverse effects--AE; Research Support, Non-U.S. Gov't; Solubility
CAS Registry No.: 0 (Antibodies, Monoclonal); 0 (E-Selectin); 0 (Ligands); 0 (Membrane Glycoproteins); 0 (Mucins); 0 (P-Selectin); 0 (P-selectin ligand protein)
? t s23/kwic/2 file 3
>>>'FILE' not recognized as item list
? t s23/kwic/2, 34
>>>KWIC option is not available in file(s): 399

23/KWIC/2 (Item 2 from file: 5)
DIALOG(R)File 5:(c) 2006 The Thomson Corporation. All rts. reserv.

...ABSTRACT: a chronic inflammatory disease of the airways, characterized by airway eosinophilia, goblet cell hyperplasia with mucus hyper-secretion, and hyper-responsiveness to inhaled allergens and to non-specific stimuli. Eosinophil accumulation...

...remarkably reduces eosinophil levels and inflammation. One likely mechanism for this reduction is PTEN-mediated eosinophil degranulation and suppression of interleukin (IL)-4 and IL-5. These findings indicate that use of...

23/KWIC/34 (Item 1 from file: 357)

Methods of diagnosing an eosinophil degranulating condition from a mucus sample using visual types of analysis of immunoassays
ABSTRACT: A method for diagnosis of an eosinophil degranulating condition within mucus of a patient comprises determining whether the sample contains a horseshoe-shaped eosinophil granule structure...

... patient has an eosinophil degranulating condition. Also claimed are: a method for diagnosis of an eosinophil degranulation0 conditions within a mucus sample from a patient involving determining whether the sample contains a tissue-damaging amount of...

... specificity for a molecule from an eosinophil granule, and either a mucolytic agent or a mucus collector; and kits comprising a mucus collector and fixative for determination of whether a patient has an eosinophil degranulating condition within mucus . Conditions diagnosed include a non invasive fungus-induced mucositis condition e.g. rhinosinusitis, otitis media...
? t s23/free/all
>>>"FREE" is not a valid format name in file(s): 399

23/8/1 (Item 1 from file: 5)
0015984202 BIOSIS NO.: 200600329597
Striking deposition of toxic eosinophil major basic protein in mucus : Implications for chronic rhinosinusitis
2005

23/8/2 (Item 2 from file: 5)
0015065766 BIOSIS NO.: 200400446555
The role of PTEN in allergic inflammation
2004

23/8/3 (Item 3 from file: 5)
0014129439 BIOSIS NO.: 200300088158
Roles of cysteinyl leukotrienes in airway inflammation, smooth muscle function, and remodeling.
2003

23/8/4 (Item 4 from file: 5)
0013853485 BIOSIS NO.: 200200446996
Eosinophil degranulating conditions
2002

23/8/5 (Item 5 from file: 5)
0011977510 BIOSIS NO.: 199900237170
Eosinophils retain their granule major basic protein in a murine model of allergic pulmonary inflammation
1998

23/8/6 (Item 1 from file: 24)

0002475272 IP ACCESSION NO: 5618925
Roles of cysteinyl leukotrienes in airway inflammation, smooth muscle function, and remodeling
PUBLICATION DATE: 2003

DESCRIPTORS: Leukotrienes; Inflammation; Smooth muscle; Asthma; Reviews ; cysteinyl leukotrienes
IDENTIFIERS: man
SUBJ CATG: 06735, Mediators; 06846, Clinical

23/8/7 (Item 1 from file: 34)
DIALOG(R)File 34:(c) 2006 The Thomson Corp. All rts. reserv.

14910546 Genuine Article#: 017ID Number of References: 26
Title: Striking deposition of toxic eosinophil major basic protein in mucus : Implications for chronic rhinosinusitis (ABSTRACT AVAILABLE)
Publication date: 20050800
Journal Subject Category: ALLERGY; IMMUNOLOGY
Descriptors--Author Keywords: eosinophils ; chronic rhinosinusitis ; mucus ; degranulation ; major basic protein
Identifiers--KeyWord Plus(R): CHRONIC SINUSITIS; ASTHMA; LOCALIZATION; INFLAMMATION; NEUTROPHIL; CARE

23/8/8 (Item 2 from file: 34)
DIALOG(R)File 34:(c) 2006 The Thomson Corp. All rts. reserv.

13111286 Genuine Article#: 850GC Number of References: 19
Title: The role of PTEN in allergic inflammation (ABSTRACT AVAILABLE)
Publication date: 20040700
Journal Subject Category: IMMUNOLOGY
Descriptors--Author Keywords: PTEN ; bronchial asthma ; eosinophilia ; phosphatidylinositol 3-kinase ; signal transduction ; inflammation
Identifiers--KeyWord Plus(R): TUMOR-SUPPRESSOR; AIRWAY HYPERRESPONSIVENESS; PHOSPHATASE-ACTIVITY; HUMAN EOSINOPHILS; WORTMANNIN; MECHANISMS; APOPTOSIS; MIGRATION; 3-KINASE; ADHESION

23/8/9 (Item 3 from file: 34)
DIALOG(R)File 34:(c) 2006 The Thomson Corp. All rts. reserv.

11363079 Genuine Article#: 644VV Number of References: 28
Title: Cytolysis of eosinophils in nasal secretions (ABSTRACT AVAILABLE)
Publication date: 20030200
Journal Subject Category: OTORHINOLARYNGOLOGY
Descriptors--Author Keywords: electron microscope ; eosinophil degranulation ; eosinophil lysis ; nasal hypersensitivity ; nasal mucus
Identifiers--KeyWord Plus(R): MAJOR BASIC-PROTEIN; IN-VIVO; PIECEMEAL DEGRANULATION; HYPODENSE EOSINOPHILS; SCHISTOSOMA-MANSONI; GRANULES; GRANULOCYTES; PEROXIDASE; BLOOD; PURIFICATION

23/8/10 (Item 4 from file: 34)
DIALOG(R)File 34:(c) 2006 The Thomson Corp. All rts. reserv.

09318635 Genuine Article#: 392FR Number of References: 28
Title: The relationship of eosinophil granule proteins to ions in the sputum of patients with cystic fibrosis (ABSTRACT AVAILABLE)
Publication date: 20001200
Journal Subject Category: ALLERGY; IMMUNOLOGY
Descriptors--Author Keywords: bronchial asthma ; cystic fibrosis ; sputum ions ; eosinophil granule proteins ; lung function
Identifiers--KeyWord Plus(R): MAJOR BASIC-PROTEIN; CATIONIC PROTEIN; TRACHEAL EPITHELIUM; TRANSPORT; SERUM; ACTIVATION; CULTURES; MUCUS

23/8/11 (Item 5 from file: 34)
DIALOG(R)File 34:(c) 2006 The Thomson Corp. All rts. reserv.

07236184 Genuine Article#: 139LY Number of References: 59
Title: Structural alterations and inflammation of bronchi in asthma (ABSTRACT AVAILABLE)
Publication date: 19980900
Journal Subject Category: MEDICINE, GENERAL & INTERNAL
Identifiers--KeyWord Plus(R): ACTIVATED LYMPHOCYTES-T; FATAL ASTHMA; MILD ASTHMA; BRONCHOALVEOLAR LAVAGE; SUBEPITHELIAL FIBROSIS; IMMUNOREACTIVE NERVES; MUCOSAL INFLAMMATION; CYSTIC-FIBROSIS; FREEZE-FRACTURE; ATOPIC ASTHMA

23/8/12 (Item 6 from file: 34)
DIALOG(R)File 34:(c) 2006 The Thomson Corp. All rts. reserv.

06654392 Genuine Article#: ZH292 Number of References: 39
Title: Eosinophils retain their granule major basic protein in a murine model of allergic pulmonary inflammation (ABSTRACT AVAILABLE)
Publication date: 19980400
Journal Subject Category: CELL BIOLOGY; BIOCHEMISTRY & MOLECULAR BIOLOGY; RESPIRATORY SYSTEM
Identifiers--KeyWord Plus(R): BRONCHIAL-ASTHMA; INTERLEUKIN-5; RECRUITMENT; HYPERRESPONSIVENESS; HYPERREACTIVITY; DEGRANULATION; EPITHELIUM; DEPLETION; CHALLENGE; LUNGS

23/8/13 (Item 1 from file: 45)
00514089 EMCare No: 28510726
Structural alterations and inflammation of bronchi in asthma
1998

23/8/14 (Item 2 from file: 45)
00225060 EMCare No: 26408246
Immunoglobulin as an eosinophil degranulation factor: Change in immunoglobulin level in nasal lavage fluid after antigen challenge
1996

23/8/15 (Item 1 from file: 71)
03044299 2005205264
Striking deposition of toxic eosinophil major basic protein in mucus : Implications for chronic rhinosinusitis

23/8/16 (Item 2 from file: 71)
02247251 2003031214
Roles of cysteinyl leukotrienes in airway inflammation, smooth muscle function, and remodeling
PUBLICATION DATE: January 1, 2003

23/8/17 (Item 1 from file: 73)
13287246 EMBASE No: 2005351528
Striking deposition of toxic eosinophil major basic protein in mucus : Implications for chronic rhinosinusitis
2005

23/8/18 (Item 2 from file: 73)
13150444 EMBASE No: 2005212401

Bet v 1-specific IgA increases during the pollen season but not after a single allergen challenge in children with birch pollen-induced intermittent allergic rhinitis
2005

23/8/19 (Item 3 from file: 73)
12905684 EMBASE No: 2004508848
Inflammatory mediators in nasal lavage among school-age children from urban and rural areas in Sa(tilde)o Paulo, Brazil
02 SEP 2004

23/8/20 (Item 4 from file: 73)
12889649 EMBASE No: 2004491010
Eosinophil degranulation status in allergic rhinitis: Observations before and during seasonal allergen exposure
2004

23/8/21 (Item 5 from file: 73)
12836926 EMBASE No: 2004430814
The role of PTEN in allergic inflammation
2004

23/8/22 (Item 6 from file: 73)
11938599 EMBASE No: 2003050997
Roles of cysteinyl leukotrienes in airway inflammation, smooth muscle function, and remodeling
01 JAN 2003

23/8/23 (Item 7 from file: 73)
11578417 EMBASE No: 2002150257
DNA microarrays to study gene expression in allergic airways
2002

23/8/24 (Item 8 from file: 73)
07459194 EMBASE No: 1998377836
Structural alterations and inflammation of bronchi in asthma
1998

23/8/25 (Item 1 from file: 135)
DIALOG(R)File 135:(c) 2006 NewsRx. All rts. reserv.

0000244465 (USE FORMAT 7 OR 9 FOR FULLTEXT)
Toxic eosinophil major basic protein studied, deposition in mucus clarified
WORD COUNT: 423
September 21, 2005 (20050921)

DESCRIPTORS: Allergies; Allergy Medicine; Bacterial Infection; Chronic Rhinosinusitis; City: Rochester; Country: United States; Digitized Analyses; Eosinophil Major Basic Protein; Immunofluorescence; Immunology; Mayo Clinic; Mucus ; Sinusitis; State: Minnesota; All News
SUBJECT HEADING: Sinusitis

23/8/26 (Item 1 from file: 144)

17373297 PASCAL No.: 05-0451485
Striking deposition of toxic eosinophil major basic protein in mucus : Implications for chronic rhinosinusitis
2005

English Descriptors: Rhinitis; Deposition; Eosinophil; Sinusitis; Granulocyte; Basic protein; Mucus ; Chronic
Broad Descriptors: Immunology; Immunopathology; ENT disease; Nose disease; Paranasal sinus disease; Immunologie; Immunopathologie; ORL pathologie; Nez pathologie; Sinus face pathologie; Inmunologia; Inmunopatologia; ORL patologia; Nariz patologia; Seno paranasal patologia

French Descriptors: Rhinite; Depot; Eosinophile; Sinusite; Granulocyte; Proteine basique; Mucus ; Chronique

Classification Codes: 002B06; 002A06

23/8/27 (Item 2 from file: 144)

16085756 PASCAL No.: 03-0236713
Roles of cysteinyl leukotrienes in airway inflammation, smooth muscle function, and remodeling. Discussion
The anti-inflammatory role of cysteinyl leukotriene receptor anatagonists in asthma
2003

English Descriptors: Asthma; Allergy; Human; Pathogenesis; Inflammation; Respiratory tract; Epithelium; Smooth muscle; Leukotriene; Remodeling
Broad Descriptors: Respiratory disease; Obstructive pulmonary disease; Immunopathology; Appareil respiratoire pathologie; Bronchopneumopathie obstructive; Immunopathologie; Aparato respiratorio patologia; Broncopneumopatia obstructiva; Inmunopatologia

French Descriptors: Asthme; Allergie; Homme; Pathogenie; Inflammation; Voie respiratoire; Epithelium; Muscle lisse; Leucotriene; Cysteinyl leucotriene; Remodelage

Classification Codes: 002B06C02

23/8/28 (Item 1 from file: 155)

15569129 PMID: 16083791
Striking deposition of toxic eosinophil major basic protein in mucus : implications for chronic rhinosinusitis.
Aug 2005
Tags: Female; Male
Descriptors: *Eosinophil Major Basic Protein--metabolism--ME; * Mucus --metabolism--ME; *Rhinitis--etiology--ET; *Sinusitis--etiology--ET; Adolescent; Adult; Aged; Aged, 80 and over; Cell Degranulation; Chronic Disease; Eosinophil Major Basic Protein--analysis--AN; Eosinophils --physiology--PH; Humans; Middle Aged; Neutrophils--physiology--PH; Pancreatic Elastase--analysis--AN; Research Support, N.I.H., Extramural;

Research Support, Non-U.S. Gov't; Research Support, U.S. Gov't, P.H.S.; Rhinitis--pathology--PA; Sinusitis--pathology--PA
Enzyme No.: EC 3.1.27.- (Eosinophil Major Basic Protein); EC 3.4.21.36 (Pancreatic Elastase)

23/8/29 (Item 2 from file: 155)
DIALOG(R)File 155:(c) format only 2006 Dialog. All rts. reserv.

15105965 PMID: 15467489
The role of PTEN in allergic inflammation.
Jul-Aug 2004
Descriptors: *Asthma--immunology--IM; *Inflammation--immunology--IM; *Phosphoric Monoester Hydrolases--immunology--IM; *Tumor Suppressor Proteins--immunology--IM; 1-Phosphatidylinositol 3-Kinase--antagonists and inhibitors--AI; 1-Phosphatidylinositol 3-Kinase--metabolism--ME; Animals; Asthma--metabolism--ME; Humans; PTEN Phosphohydrolase; Phosphoric Monoester Hydrolases--genetics--GE; Research Support, Non-U.S. Gov't; Signal Transduction--physiology--PH; Tumor Suppressor Proteins--genetics--GE
CAS Registry No.: 0 (Tumor Suppressor Proteins)
Enzyme No.: EC 2.7.1.137 (1-Phosphatidylinositol 3-Kinase); EC 3.1.3 (Phosphoric Monoester Hydrolases); EC 3.1.3.48 (PTEN protein, human); EC 3.1.3.67 (PTEN Phosphohydrolase)

23/8/30 (Item 3 from file: 155)
DIALOG(R)File 155:(c) format only 2006 Dialog. All rts. reserv.

14147739 PMID: 12532084
Roles of cysteinyl leukotrienes in airway inflammation, smooth muscle function, and remodeling.
Jan 2003
Descriptors: *Asthma--immunology--IM; *Asthma--physiopathology--PP; *Muscle, Smooth--physiopathology--PP; *SRS-A--physiology--PH; Anti-Asthmatic Agents--therapeutic use--TU; Asthma--drug therapy--DT; Dinoprostone --physiology--PH; Epithelial Cells--physiology--PH; Humans; Inflammation --immunology--IM; Leukotriene Antagonists--therapeutic use--TU; Mesoderm --physiology--PH; Models, Immunological; Pulmonary Fibrosis--immunology--IM; Receptors, Leukotriene--metabolism--ME; Respiratory Physiology; Respiratory System--ultrastructure--UL; Wound Healing
CAS Registry No.: 0 (Anti-Asthmatic Agents); 0 (Leukotriene Antagonists); 0 (Receptors, Leukotriene); 0 (SRS-A); 363-24-6 (Dinoprostone)

23/8/31 (Item 4 from file: 155)
DIALOG(R)File 155:(c) format only 2006 Dialog. All rts. reserv.

12418589 PMID: 10359314
Soluble P-selectin glycoprotein ligand 1 inhibits ocular inflammation in a murine model of allergy.
Jun 1999
Tags: Female
Descriptors: *Cell Movement--drug effects--DE; *Conjunctivitis, Allergic --prevention and control--PC; *Eosinophils--drug effects--DE; *Membrane Glycoproteins--pharmacology--PD; * Mucins --pharmacology--PD; Animals; Antibodies, Monoclonal; Cell Adhesion--drug effects--DE; Conjunctivitis, Allergic--etiology--ET; Conjunctivitis, Allergic--pathology--PA; Disease Models, Animal; E-Selectin--drug effects--DE; Eosinophils--cytology--CY; Fluorescent Antibody Technique, Indirect; Ligands; Mice; P-Selectin--drug effects--DE; Pollen--adverse effects--AE; Research Support, Non-U.S. Gov't; Solubility
CAS Registry No.: 0 (Antibodies, Monoclonal); 0 (E-Selectin); 0

(Ligands); 0 (Membrane Glycoproteins); 0 (Mucins); 0 (P-Selectin); 0 (P-selectin ligand protein)

23/8/32 (Item 5 from file: 155)
DIALOG(R)File 155:(c) format only 2006 Dialog. All rts. reserv.

12091978 PMID: 10344028
Structural alterations and inflammation of bronchi in asthma.
Sep 1998
Descriptors: *Asthma--pathology--PA; *Bronchitis--pathology--PA; Basement Membrane--pathology--PA; Humans; Research Support, Non-U.S. Gov't; Status Asthmaticus--pathology--PA

23/8/33 (Item 6 from file: 155)
DIALOG(R)File 155:(c) format only 2006 Dialog. All rts. reserv.

11729638 PMID: 9533933
Eosinophils retain their granule major basic protein in a murine model of allergic pulmonary inflammation.
Apr 1998
Tags: Male
Descriptors: *Blood Proteins--metabolism--ME; *Eosinophils--chemistry--CH; *Inflammation--metabolism--ME; *Pneumonia--immunology--IM; *Respiratory Hypersensitivity--metabolism--ME; *Ribonucleases; Animals; Bronchoalveolar Lavage Fluid--chemistry--CH; Bronchoalveolar Lavage Fluid--cytology--CY; Cell-Free System; Disease Models, Animal; Eosinophil Granule Proteins; Eosinophils--metabolism--ME; Fluorescent Antibody Technique, Indirect; Immunoblotting; Immunohistochemistry; Lung--chemistry--CH; Lung--pathology--PA; Mice
CAS Registry No.: 0 (Blood Proteins); 0 (Eosinophil Granule Proteins)
Enzyme No.: EC 3.1.- (Ribonucleases)

23/8/34 (Item 1 from file: 357)
0263162 DBR Accession No.: 2001-02738
Methods of diagnosing an eosinophil degranulating condition from a mucus sample using visual types of analysis of immunoassays - diagnosis of asthma, rhinosinusitis, etc. using human recombinant DNA-ase and an antibody 2000
? logoff
13oct06 15:09:05 User294085 Session D17.3
$35.28 5.880 DialUnits File5
$2.20 1 Type(s) in Format 2
$0.00 29 Type(s) in Format 6
$1.10 2 Type(s) in Format 8
$4.76 28 Type(s) in Format 95 (KWIC)
$8.06 60 Types
$43.34 Estimated cost File5
$1.75 0.240 DialUnits File6
$1.75 Estimated cost File6
$5.35 0.569 DialUnits File8
$5.35 Estimated cost File8
$6.58 1.061 DialUnits File24
$0.00 1 Type(s) in Format 8
$0.00 1 Type(s) in Format 95 (KWIC)
$0.00 2 Types
$6.58 Estimated cost File24
$89.22 3.801 DialUnits File34
$0.00 12 Type(s) in Format 8
$2.87 7 Type(s) in Format 95 (KWIC)
$2.87 19 Types

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$92.09  Estimated cost File34
        $3.80    0.760 DialUnits File45
           $0.00  5 Type(s) in Format  6
           $0.52  4 Type(s) in Format 95 (KWIC)
        $0.52  9 Types
 $4.32  Estimated cost File45
        $0.48    0.117 DialUnits File65
 $0.48  Estimated cost File65
       $14.09    1.602 DialUnits File71
           $0.00  2 Type(s) in Format  6
           $0.52  4 Type(s) in Format 95 (KWIC)
        $0.52  6 Types
$14.61  Estimated cost File71
       $67.21    6.001 DialUnits File73
           $0.00  14 Type(s) in Format  6
           $0.00  1 Type(s) in Format  8
           $3.33  9 Type(s) in Format 95 (KWIC)
        $3.33  24 Types
$70.54  Estimated cost File73
        $3.68    1.053 DialUnits File94
           $0.00  1 Type(s) in Format  8
           $0.26  1 Type(s) in Format 95 (KWIC)
        $0.26  2 Types
 $3.94  Estimated cost File94
        $0.91    0.213 DialUnits File98
 $0.91  Estimated cost File98
        $0.55    0.117 DialUnits File99
 $0.55  Estimated cost File99
        $2.19    0.406 DialUnits File135
           $0.00  4 Type(s) in Format  8
           $3.00  3 Type(s) in Format 95 (KWIC)
        $3.00  7 Types
 $5.19  Estimated cost File135
        $0.75    0.121 DialUnits File136
 $0.75  Estimated cost File136
        $0.40    0.133 DialUnits File143
 $0.40  Estimated cost File143
       $10.55    2.345 DialUnits File144
           $0.00  4 Type(s) in Format  8
           $0.42  2 Type(s) in Format 95 (KWIC)
        $0.42  6 Types
$10.97  Estimated cost File144
       $18.89    5.555 DialUnits File155
           $0.00  8 Type(s) in Format  8
           $0.20  4 Type(s) in Format 95 (KWIC)
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$19.09  Estimated cost File155
        $1.67    0.150 DialUnits File172
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        $0.69    0.193 DialUnits File266
 $0.69  Estimated cost File266
        $1.27    0.141 DialUnits File315
 $1.27  Estimated cost File315
       $10.37    0.465 DialUnits File357
           $0.00  2 Type(s) in Format  6
           $0.29  1 Type(s) in Format 95 (KWIC)
        $0.29  3 Types
$10.66  Estimated cost File357
        $0.43    0.115 DialUnits File358
 $0.43  Estimated cost File358
        $0.26    0.074 DialUnits File369
 $0.26  Estimated cost File369
        $0.30    0.086 DialUnits File370
```